

MICHIGAN DEPARTMENT OF CORRECTIONS
MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH
CARE SERVICES

PATIENT: Aisha Pope

DATE OF BIRTH:

DATE: 02/18/2016 8:28 AM

VISIT TYPE:

Med Management - Complex

Medications**Active - Medication Module:**

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication Name</u>	<u>Sig Desc</u>
01/12/2016	07/13/2016	Lamictal 100 mg tablet	take one by mouth at bedtime with the 50mg
01/12/2016	07/13/2016	Lamictal 25 mg tablet	2 qhs with the 100mg
01/12/2016	07/13/2016	trazodone 100 mg tablet	2 qhs or 1 qhs if she requests
01/12/2016	07/14/2016	diphenhydramine 50 mg capsule	Tabs 2 po Qhs
01/12/2016	07/14/2016	Prozac 10 mg capsule	1 at hs with the 20mg
01/12/2016	07/14/2016	Prozac 20 mg capsule	Take one by mouth at bedtime

AllergiesDescription

Propoxyphene

Penicillins

Acetaminophen

Metronidazole

Reaction

Itch

Mental Status**Clinical Assessment****Axis I and Axis II:**

Axis I Bipolar DO Mixed w/Psychotic Features (296.64)

Axis I Post-traumatic Stress Disorder (309.81)

Axis I Dissociative Disorder (300.15)

Axis II Antisocial Personality Disorder (301.7)

Axis IV: Moderate

Problems related to:

accessing health care

housing

legal system/crime

primary support group

social environment

Axis V:

Current GAF: 56 on 02/10/2016.

Orders/Plan**Specific Plan Instructions**

Medication Progress and Rationale for Change in Medication: I refer to HC for worsening anemia in recent labs --- see above

Instructions/Education

<u>Status</u>	<u>ApptDate</u>	<u>Timeframe</u>	<u>Description</u>
ordered	03/03/2016		Consult : please eval. and treat her worsening anemia(Hgb 9.9) and low serum Fe

Provider: Robert G. Drake MD**Document generated by: Robert G. Drake, MD**

NAME: Pope, Aisha Kai

Inmate ID: 228305

D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 03/07/2016 11:08 AM
 VISIT TYPE: Provider Visit-scheduled

Chief Complaint/Reason for visit:

This 43 year old female presents with pap pelvic/ anemia.

History of Present Illness**1. pap pelvic/ anemia**

The symptom began Year(s) ago. Relevant medical history includes history of anemia. Associated symptoms include cold intolerance. Pertinent negatives include abdominal pain, amenorrhea, black stools, bleeding gums, bone pain, chest pain, constipation, diarrhea, dizziness, headache, jaundice, sore mouth/tongue, syncope, tachycardia, vomiting, weight loss and pica. Additional information: p/p has a long h/o chronic anemia since childhood, had been transfused in past given shots for anemia every few yrs, p/p denies any menstrual problems of actual gyn symptoms, has a normal menstrual period, light last for 4 days. last pap 2013 at intake

Medications Active Prior to Today's Visit

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Prozac	10 Mg	30	1 at hs with the 20mg
Prozac	20 Mg	30	Take one by mouth at bedtime
Trazodone Hcl	100 Mg	60	2 qhs or 1 qhs if she requests
Lamictal	25 Mg	60	2 qhs with the 100mg
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg

Allergies

<u>Allergen/Ingredient</u>	<u>Brand</u>	<u>Reaction:</u>
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

Review of Systems**Constitutional:**

Negative for fatigue, fever and night sweats.

Genitourinary:

Positive for:

- Breast self exam.
- Frequent urination.
- Menarche age was 10.
- Vaginal discharge.
- Vaginal itching.

Negative for dysuria, fibroids, hematuria, oral contraception and ovarian cysts.

See History of Present Illness.

Reproductive comments: last pap in 2013, was neg for ca

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repeat pap for unsatisfactory pap done in 2015 oct.,

Dermatologic:

Negative for breast discharge, breast lump(s) and breast pain.

Vital Signs

Date	Time	Height	Weight	Temp	Bp	Pulse	Resp.	Pulse Ox Rest	Pulse Ox Amb
03/07/2016	11:13 AM								
03/07/2016	10:52 AM	63.5	171.0	97.9	106/69	65	15	97	

FiO2	PeakFlow	Pain Score	Comments
		/10	

Measured By
 Mohammad I. Azimi, MD
 Dazzerine Sartor, LPN

Physical Exam

Constitutional: No apparent distress. Well nourished and well developed.

Genitourinary:

External Gyn: External genitalia is unremarkable. Glands do appear to be normal. Perineum is unremarkable.

No perianal abnormalities. Urethra is normal in appearance, without erythema. Urethra meatus is normal.

Internal Gyn: The chaperone for the exam was Dazzerine Sartor, LPN.

Examination of the vagina revealed discharge. . Cervix normal to inspection and palpation. Uterus normal in size and position. Adnexa palpable, normal in size; no masses. Rectovaginal exam showed no masses or thickening.

PAP test was done.

Pap Info:

Gyn source: cervical, endocervical, .

Collection Technique: brush, .

Previous Cytology: unsatisfactory.

Previous Treatment: none. .

Diagnostic code: V72.31 Diagnosis: PAP smear routine

A speculscopy was performed. Results were negative.

No CVA tenderness. No flank masses are present. No suprapubic tenderness. Vaginal discharge is present.

Comments: vag.

Pap Detail

Gyn source: cervical, endocervical,

Collection Technique: brush,

Previous Cytology: unsatisfactory

Previous Treatment: none.

Assessment/ Plan

Gynecological examination (v72.3)

- pap pelvic done , urine urine cult for urinary frequency

- vag cult for d/c itching

- local hygiene

reffer p/p to Dr pei for anemia , p/p does not have meorrhagia , normal menses

Office Services

Status	ApptDate	Timeframe	Order	Reason
nterpretation Value				!
specimen obtained				PAP, thin prep

Instructions / Education

Status	Completed	Order	Reason
completed	03/07/2016	Increase fluid intake	

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completed	03/07/2016	Discussed risk/ benefits/ side effects of treatment
completed	03/07/2016	Patient was reassured
completed	03/07/2016	Follow exercise program
completed	03/07/2016	f/u prn
completed	03/07/2016	Patient education provided and patient voiced understanding
completed	03/07/2016	Reviewed diagnostic study results with patient

Lab Studies

<u>Status</u>	<u>Lab Code</u>	<u>Lab Study</u>	<u>Timeframe</u>	<u>Date</u>
	<u>Comments</u>			
specimen obtained	88142	PAP, thin prep		

Referrals

<u>Status</u>	<u>Order</u>	<u>Timeframe</u>	<u>ApptDate</u>
ordered	Referral to Dr pei/Provider anemia /Eval and Treat		03/07/2016

Document generated by: Mohammad I. Azimi, MD 03/07/2016 11:31 AM

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 04/25/2016 11:08 AM
 VISIT TYPE: Provider Visit-scheduled

Chief Complaint/Reason for visit:

This 44 year old female presents with respiratory.

History of Present Illness

1. Respiratory Patient seen in consultation for hemoptysis.

Onset of symptoms was 1 week(s) ago. Recently the hemoptysis has persisted. Episodes occur daily. The amount of hemoptysis is less than 1 Tbs/day. The sputum is described as red or bright red and streaked with blood. Symptoms are aggravated by laying in the bed and bedtime. Associated symptoms include cough. Pertinent negatives include 0 abnormal bleeding, hematemesis, hematuria, chills, easy bruising, excessive phlegm, history of malignancy, nasal oxygen use, nausea, night sweats, oral bleeding, pleuritic pain, purulent phlegm, recent dental procedure, recent epistaxis, recurrent vomiting, sudden onset dyspnea, unilateral leg edema or wheezing. Additional information: Per patient, she always cough at bedtime, cough up w/blood tinted mucus, no night sweats, no significant weight loss.

Additional comments:

44 y/o AAF is seen today, per patient, (+) H/o smoking for 15 yrs w/2PPD. She stopped smoking since 2013 when she came to MDOC this time.

2. Anemia

The symptom began 30 Year(s) ago. Type of anemia was acquired for deficiency anemia (iron deficient). The problem is stable. Relevant medical history includes history of anemia. The patient has been managed with medication (iron supplements). Associated symptoms include chills and cold intolerance. Pertinent negatives include abdominal pain, black stools, bone pain, brittle nails, chest pain, constipation, fatigue, joint pain, low blood pressure, syncope, tachycardia and vomiting.

Medications Active Prior to Today's Visit

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Prozac	20 Mg	30	Take one by mouth at bedtime
Prozac	10 Mg	30	1 at hs with the 20mg
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Trazodone Hcl	100 Mg	60	2 qhs or 1 qhs if she requests
Lamictal	25 Mg	60	2 qhs with the 100mg

Allergies

<u>Allergen/Ingredient</u>	<u>Brand</u>	<u>Reaction:</u>
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

Review of Systems

Constitutional:

Negative for fatigue, fever and night sweats.

HEENT:

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Motor: No motor weakness. .

Balance & Gait: Balance and gait intact. .

Assessment/ Plan

Hemoptysis (786.3)

Plan comments: Discuss w/patient about hemoptysis and related issues.

Because the coughing episodes occurring only at bedtime: it is suspect that GERD or allergy etiology; however, w/(+) h/o smoking per patient, lung abnl needs to rule out. Also to screen for autoimmune disease such as pulm sarcoidosis vs others.

Will obtain CXR, and obtain lab today.

Spec accom is issued to elevate head during bedtime to prevent GERD. Will order Rx Zantac for possible GERD; order Rx Nasal spray to manage allergy, ok to buy OTC allergy pill to take.

It is noticed that patient is on multiple psy medications at bedtime.

Regarding h/o anemia: Rx Iron pill is ordered to take; Rx Dulcolax for constipation while on Rx Iron pill.

F/u w/site MP for above concerns.

Advise: kite HC ASAP for acute concerns in the interim.

Pending ROI regarding "mild heart attacks" in 2011 at Henry ford hospital.

Medications ordered this visit

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication Name</u>	<u>Sig Desc</u>
04/25/2016	04/25/2017	Dulcolax (bisacodyl) 5 mg tablet, delayed release	Take 1 at bedtime as needed for constipation(while on Rx Iron pill). (kite for refills).
04/25/2016	04/25/2017	ferrous sulfate 325 mg (65 mg iron) tablet, delayed release	take one by mouth two times per day
04/25/2016	04/25/2017	Ocean Nasal 0.65 % spray aerosol	1-2 sprays to each nostril tid prn. (allergy season)(kite for refills).
04/25/2016	04/25/2017	Zantac 150 mg tablet	take one by mouth two times per day

Office Services

<u>Status</u>	<u>ApptDate</u>	<u>Timeframe</u>	<u>Order</u>	<u>Reason</u>	<u>!</u>
ordered			Housing: Extra pillow		
ordered	07/25/2016		Provider Visit : Anemia f/u, review lab.		
ordered	05/10/2016		Provider Visit : Hemoptysis f/u, review CXR, lab. (Rx ZANTAC, nasal spray). ordered.		

Instructions / Education

<u>Status</u>	<u>Completed</u>	<u>Order</u>	<u>Reason</u>
completed	04/25/2016	Reviewed medications	
completed	04/25/2016	Take new medication as prescribed	
completed	04/25/2016	Discussed risk/ benefits/ side effects of treatment	
completed	04/25/2016	Patient education provided and patient voiced understanding	

To be scheduled/ordered

<u>Status</u>	<u>Order</u>	<u>Reason</u>	<u>Assessment</u>	<u>Timeframe</u>	<u>Appointment</u>
completed	Chest x-ray, two views Bilateral	Hemoptysis eval	786.3		04/25/2016
completed	Follow up if condition worsens or no improvement within ASAP days				786.3
	04/25/2016				

Lab Studies

<u>Status</u>	<u>Lab Code</u>	<u>Lab Study</u>	<u>Timeframe</u>	<u>Date</u>
obtained	ANGCE	ANGIOTENSIN CONVERTING ENZYME		
	04/25/2016			
ordered	CBC2	CBC with Differential, Platelets		06/06/2016
obtained	PHS2	Comp Panel + CBC/Plt/Thyroid		04/25/2016

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3/4

Pope-CLG-MDOC-000024

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**Michigan Department of Corrections
Bureau of Health Care Services**

LABORATORY ORDERS

Lab Orders for: Aisha Pope

Date: 04/25/2016 11:08 AM

User: Claire Y. Pei, DO

Location: WHV

<u>Status</u>	<u>Priority</u>	<u>Code</u>	<u>Lab Study</u>	<u>Date</u>	<u>Lab</u>
ordered	Routine	PHS2	Comp Panel + CBC/Plt/Thyroid	04/25/2016	Contract Lab
ordered	Routine	ANGCE	ANGIOTENSIN CONVERTING ENZYME	04/25/2016	Contract Lab
ordered	Routine	CBC2	CBC with Differential, Platelets	06/06/2016	Contract Lab

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NUMBER: 228305
D.O.B.: [REDACTED]

**Michigan Department of Corrections
Bureau of Health Care Services**

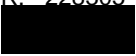
LABORATORY ORDERS

Lab Orders for: Aisha Pope

Date: (04/25/2016 1:46 PM) 11/01/2016 3:02 PM

User: Tammy L. Taylor, LPN

Location: WHV

NAME: Pope, Aisha J
NUMBER: 228305
D.O.B.: 



MICHIGAN DEPARTMENT OF CORRECTIONS

PATIENT: Pope, Aisha
 LOCATION: WHV
 PROVIDER: Claire Pei MD
 CURRENT USER :Claire Y. Pei, DO

MEDICATION ORDERS

NEW AND RENEWED MEDICATION ORDERS 04/25/2016 11:43 AM

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication</u>	<u>Dose</u>	<u>Sig Desc</u>
04/25/2016	04/25/2017	Dulcolax	5 Mg	Take 1 at bedtime as needed for constipation(while on
		Rx Iron pill). (kite for refills).		
04/25/2016	04/25/2017	Ferrous Sulfate	325 Mg (65 Mg Iron)	take one by mouth two times per day
04/25/2016	04/25/2017	Ocean	0.65 %	1-2 sprays to each nostril tid prn. (allergy season)(kite
		for refills).		
04/25/2016	04/25/2017	Zantac	150 Mg	take one by mouth two times per day

MEDICATIONS STOPPED THIS ENCOUNTER

MEDICATIONS TO START AFTER TODAY'S DATE

Name: Pope,Aisha

DOB [REDACTED]

Number: 228305

Pope-CLG-MDOC-000030

MICHIGAN DEPARTMENT OF CORRECTIONS
BUREAU OF HEALTH CARE
RADIOLOGY REPORT

PATIENT NAME AND NUMBER: Pope, Aisha 228305

PATIENT LOCK: WHV

REQUESTING PROVIDER: Pei

DATE OF EXAM: 04/25/16

FACILITY OF EXAM: OFF-SITE

TYPE OF EXAM: CHEST, POSTEROANTERIOR AND LATERAL VIEWS

No prior studies are available for correlation.

FINDINGS: Two view chest study reveals a normal appearance of the heart size, mediastinal structures and pulmonary vasculature. No consolidative infiltrates were seen within the lungs. The osseous thorax appears normal as viewed.

IMPRESSION:

No active pulmonary disease noted.

MICHAEL HENDERSON, DO #11462
MDOC Medical Provider

MH / nq
4/25/2016 10:17 PM / 4/26/2016 11:34 AM
21210481

Electronically signed by Michael A. Henderson MD on 04/26/2016 09:33 PM

DOB [REDACTED] Pope, Aisha
228305

Pope-CLG-MDOC-000035

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 05/18/2016 10:26 AM
 VISIT TYPE: Chart Update

Chief Complaint/Reason for visit:

This 44 year old female presents with chart review.

History of Present Illness**1. Chart Review**

Additional comments:

CRV, sign off lab report@5/13/2016: ACE=WNL; LDL-C=150 from 190, improving w/Rx Pravachol; Hgb=11.1 which is stable, continue Rx Iron pill as prescribed; CXR report@4/25/2016 showed " No active pulmonary disease noted." Will discuss at next visit.

Chronic Problems

Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Prozac	20 Mg	30	Take one by mouth at bedtime
Lamictal	25 Mg	60	2 qhs with the 100mg
Prozac	10 Mg	30	1 at hs with the 20mg
Trazodone Hcl	100 Mg	60	2 qhs or 1 qhs if she requests
Ecotrin	81 Mg	30	Take 1 by mouth once daily
Pravachol	40 Mg	30	Take one by mouth at bedtime
Ferrous Sulfate	325 Mg (65 Mg Iron)		60 take one by mouth two times per day
Zantac	150 Mg	60	take one by mouth two times per day
Ocean	0.65 %	1	1-2 sprays to each nostril tid prn. (allergy
season)(kite for refills).			
Dulcolax	5 Mg	30	Take 1 at bedtime as needed for
constipation(while on Rx Iron pill). (kite for refills).			

Allergies

<u>Allergen/Ingredient</u>	<u>Brand</u>	<u>Reaction:</u>
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

Document generated by: Claire Y. Pei, DO 05/18/2016 10:34 AM

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 [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 06/07/2016 5:13 PM
 VISIT TYPE: Chart Update

Chief Complaint/Reason for visit:

This 44 year old female presents with chart review.

History of Present Illness**1. Chart Review**

Additional comments:

CRV, sign off lab report@6/6/2016: CBC=10.8 from 9.9, continue Rx Iorn pill.

Chronic Problems

Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Prozac	20 Mg	30	Take one by mouth at bedtime
Lamictal	25 Mg	60	2 qhs with the 100mg
Prozac	10 Mg	30	1 at hs with the 20mg
Trazodone Hcl	100 Mg	60	2 qhs or 1 qhs if she requests
Ecotrin	81 Mg	30	Take 1 by mouth once daily
Pravachol	40 Mg	30	Take one by mouth at bedtime
Ferrous Sulfate	325 Mg (65 Mg Iron)	60	60 take one by mouth two times per day
Zantac	150 Mg	60	take one by mouth two times per day
Ocean	0.65 %	1	1-2 sprays to each nostril tid prn. (allergy
season)(kite for refills).			
Dulcolax	5 Mg	30	Take 1 at bedtime as needed for
constipation(while on Rx Iron pill). (kite for refills).			

Allergies

<u>Allergen/Ingredient</u>	<u>Brand</u>	<u>Reaction:</u>
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

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Hyperlipidemia NEC/NOS (272.4), Fair.

- LDL-C=150@5/13/2016 from 190@4/25/2016

Plan comments:

- 1) LDL-C value has been improved w/Rx Pravachol=40mg qhs; Continue this medication to manage the lipid condition; recommend to continue to employ healthy lifestyle choices.
- 2) Regarding anemia: patient saw Gyn on 3/7/2016. Per patient, she had DRE test which was negative; however EMR note dated on 3/7/2016 didn't document the DRE finding. Per patient, she has been Dx w/anemia since 1991 after the 1st delivery and she was on Rx Iron pill till she came to prison 3-yrs ago. She denied NSAID usage. Hgb=10.8@6/6/2016 which is stable. Will increase Rx Iron pill to tid from bid.
- 3) F/u w/site MP for CCC visit. continue to monitor lab.

Medications ordered this visit

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication Name</u>	<u>Sig Desc</u>
06/09/2016	04/25/2017	ferrous sulfate 325 mg (65 mg iron) tablet, delayed release	take one by mouth three times per day (increased)

Medications stopped this visit

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication</u>	<u>Dose</u>	<u>Sig Desc</u>
04/25/2016	06/09/2016	Ferrous Sulfate	325 Mg (65 Mg Iron)	take one by mouth two times per day

Office Services

<u>Status</u>	<u>ApptDate</u>	<u>Timeframe</u>	<u>Order</u>	<u>Reason</u>	<u>!</u>
ordered	09/08/2016		Chronic Care Clinic Fair : HLP f/u. (and Anemia f/u, last Gyn visit@3/7/16,no DRE document). review lab, may consider DRE if indicated. (irregular mense)		

Instructions / Education

<u>Status</u>	<u>Completed</u>	<u>Order</u>	<u>Reason</u>
completed	06/09/2016	Discussed risk/ benefits/ side effects of treatment	
completed	06/09/2016	6/6 & 5/13/2016 lab reports are reviewed.	
completed	06/09/2016	Patient education provided and patient voiced understanding	
completed	06/09/2016	Reviewed diagnostic study results with patient	
completed	06/09/2016	Continue current medication	
completed	06/09/2016	Change medication dose	
completed	06/09/2016	Reviewed medications	

Lab Studies

<u>Status</u>	<u>Lab Code</u>	<u>Lab Study</u>	<u>Timeframe</u>	<u>Date</u>
ordered	PHS2	Comp Panel + CBC/Plt/Thyroid		08/31/2016
	Fasting.			
ordered	HBA1C	Hemoglobin A1C		08/31/2016
	Fasting.			

Document generated by: Claire Y. Pei, DO 06/09/2016 3:54 PM

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MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 09/16/2016 9:12 AM
 VISIT TYPE: Chart Update

Chief Complaint/Reason for visit:

This 44 year old female presents with chart review.

History of Present Illness**1. Chart Review**

Additional comments:

CRV, sign off lab report@9/14/2016: lipid profile is improving; HgbA1c=5.2 WNL, no diabetes; CBC w/Hgb=10.6 stable, continue Rx Iron pill. Will discuss at next visit.

Chronic Problems

Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

Drug Name	Dose	Qty	Description
Diphenhydramine Hcl	50 Mg	60	Tabs 2 po Qhs
Trazodone Hcl	50 Mg	30	Take 1 by mouth at bedtime or she can refuse
Ferrous Sulfate (increased)	325 Mg (65 Mg Iron)		90 take one by mouth three times per day (
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Prozac	20 Mg	30	Take one by mouth at bedtime
Lamictal	25 Mg	60	2 qhs with the 100mg
Prozac	10 Mg	30	1 at hs with the 20mg
Ecotrin	81 Mg	30	Take 1 by mouth once daily
Pravachol	40 Mg	30	Take one by mouth at bedtime
Zantac	150 Mg	60	take one by mouth two times per day
Ocean	0.65 %	1	1-2 sprays to each nostril tid prn. (allergy season)(kite for refills).
Dulcolax	5 Mg	30	Take 1 at bedtime as needed for constipation(while on Rx Iron pill). (kite for refills).

Allergies

Allergen/Ingredient	Brand	Reaction:
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

Document generated by: Claire Y. Pei, DO 09/16/2016 9:16 AM

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MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 09/26/2016 9:54 AM
 VISIT TYPE: Chronic Care Visit

History of Present Illness

1. Lipid Disorder

The problem has improved. Patient compliance with diet is good, with exercise is good, with medication is good and with follow up is good. Reasons for screening include alcohol use, diet and tobacco use. Reasons for screening do not include chronic renal disease, coronary artery disease, diabetes mellitus, hypertension, obesity, PVD and sedentary life style. There are no secondary causes of hyperlipidemia. There are no associated symptoms. Pertinent negatives include chest pain, cholelithiasis, claudication, diarrhea, dizziness, dyspepsia, edema, flatulence, flushing, GI upset, gout, headache, myalgias, myopathy, myositis or nausea.

Additional comments:

Patient stated that she only wants Rx Zantac qd from bid.

2. Anemia

Type of anemia was acquired for deficiency anemia (iron deficient). The problem is improving. Relevant medical history includes history of anemia. The patient has been managed with medication (iron supplements). Associated symptoms include cold intolerance. Pertinent negatives include abdominal pain, amenorrhea, bleeding gums, bone pain, chest pain, chills, diarrhea, dizziness, fatigue, gait disturbance, headache, jaundice, joint pain, low blood pressure, nausea, numbness/tingling, shortness of breath, syncope, tachycardia, vomiting and weakness.

Chronic Problems

Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

Drug Name	Dose	Qty	Description
Diphenhydramine Hcl	50 Mg	60	Tabs 2 po Qhs
Trazodone Hcl	50 Mg	30	Take 1 by mouth at bedtime or she can
refuse			
Prozac	10 Mg	30	1 at hs with the 20mg
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Prozac	20 Mg	30	Take one by mouth at bedtime
Lamictal	25 Mg	60	2 qhs with the 100mg

Allergies

Allergen/Ingredient	Brand	Reaction:
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

Vital Signs

Date	Time	Height	Weight	Temp	Bp	Pulse	Resp.	Pulse Ox Rest	Pulse Ox Amb
09/26/2016	2:18 PM	63.5	171.0	98.0	116/77	75	15		
09/26/2016	9:54 AM	63.5	65.0	97.9	113/73	86	18	96	

Pope, Aisha
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[REDACTED]

FI02	PeakFlow	Pain Score	Comments
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0/10

Measured By
Heather Bittner, RN
Claire Y. Pei, DO

Physical Exam**Constitutional:** No apparent distress. Well nourished and well developed.**Head / Face:** Normocephalic.**Eyes:** Pupils are equal and reactive to light. Conjunctiva and lids are normal.**Neck / Thyroid:** Supple, without adenopathy, or enlarged thyroid.**Respiratory:** Normal to inspection. Lungs clear to auscultation and percussion.**Cardiovascular:** Regular rhythm. No murmurs, gallops, or rubs.**Abdomen:** Soft, non-tender without organomegaly or masses.**Integumentary:** No impressive skin lesions present.**Back / Spine:** The back is non-tender.**Musculoskeletal:** Normal musculature; no skeletal tenderness or joint deformity.**Extremities:** Extremities appear normal. No edema or cyanosis.**Neurological:**Level of Consciousness: Normal.Orientation: Alert and oriented X 3. Grossly normal intellect. .Memory: Intact. .Cranial nerves: II-XII grossly intact. .Sensory: No sensory loss. .Motor: No motor weakness. .Balance & Gait: Balance and gait intact. .**Assessment/ Plan****Hyperlipidemia NEC/NOS** (272.4), Good.**- LDL-C=118@9/14/2016 from 150;HDL=66 from 60, TG=69****Anemia** (285.9)**- Improving on Rx Iron pill w/Hgb=10.6@9/14/2016 from 9.9**

Plan comments: 9/14/2016 lab report is reviewed.

Continue current medications except to change Rx Zantac to qd from bid per patient's request.

F/u w/site MP for CCC visit. Obtain fasting lab prior to next visit.

Recommend: low fat, low salt balanced diet, exercise regularly.

Advise: kite health care as needed for acute concerns in the interim.

Gyn EMR note dated on 3/7/2016 is reviewed.

Medications ordered this visit

Start Date	Stop Date	Medication Name	Sig Desc
09/26/2016	09/26/2017	Ecotrin Low Strength 81 mg tablet,enteric coated	Take 1 by mouth once daily
09/26/2016	09/26/2017	Dulcolax (bisacodyl) 5 mg tablet,delayed release	Take 1 at bedtime as needed for constipation(while on Rx Iron pill). (kite for refills).
09/26/2016	09/26/2017	ferrous sulfate 325 mg (65 mg iron) tablet,delayed release	take one by mouth three times per day
09/26/2016	09/26/2017	Ocean Nasal 0.65 % spray aerosol	1-2 sprays to each nostril tid prn. (allergy season)(kite for refills).
09/26/2016	09/26/2017	Zantac 150 mg tablet	take one by mouth every day
09/26/2016	09/26/2017	Pravachol 40 mg tablet	Take one by mouth at bedtime

Medications stopped this visit

Start Date	Stop Date	Medication	Dose	Sig Desc
04/25/2016	09/26/2016	Zantac	150 Mg	take one by mouth two times per day

Office Services

Status	ApptDate	Timeframe	Order	Reason	I
nterpretation	Value				
ordered	04/03/2017		Chronic Care Clinic Good : HLP, anemia f/u. review lab.		

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Instructions / Education

<u>Status</u>	<u>Completed</u>	<u>Order</u>	<u>Reason</u>
completed	09/26/2016	Continue current medication	
completed	09/26/2016	Change medication dose	
completed	09/26/2016	Reviewed medications	
completed	09/26/2016	Discussed risk/ benefits/ side effects of treatment	
completed	09/26/2016	Patient was reassured	
completed	09/26/2016	Follow exercise program	
completed	09/26/2016	9/14/2016 lab report is reviewed.	
completed	09/26/2016	Patient education provided and patient voiced understanding	
completed	09/26/2016	Reviewed diagnostic study results with patient	

Lab Studies

<u>Status</u>	<u>Lab Code</u> <u>Comments</u>	<u>Lab Study</u>	<u>Timeframe</u>	<u>Date</u>
ordered	PHS2 Fasting.	Comp Panel + CBC/Plt/Thyroid		03/29/2017
ordered	FOL	FOLATE		03/29/2017
ordered	VB12	VITAMIN B 12		03/29/2017

Document generated by: Claire Y. Pei, DO 09/26/2016 5:14 PM

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 10/10/2016 3:11 PM
 VISIT TYPE: Provider Visit-scheduled

Chief Complaint/Reason for visit:

This 44 year old female presents with gynecology.

History of Present Illness**1. Gynecology**

Associated symptoms include hot flashes and sweats. Additional information: p/p has hot and cold flashes at night with feeling cold and has to wrap in couple of blankets. p/p treated for anemia with po iron. p/p stated her menses are not heavy last for 3-4 days comes monthly.

Chronic Problems

Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

Drug Name	Dose	Qty	Description
Zantac	150 Mg	30	take one by mouth every day
Ferrous Sulfate	325 Mg (65 Mg Iron)	90	take one by mouth three times per day
Pravachol	40 Mg	30	Take one by mouth at bedtime
Dulcolax	5 Mg	30	Take 1 at bedtime as needed for constipation(while on Rx Iron pill). (kite for refills).
Ocean	0.65 %	1	1-2 sprays to each nostril tid prn. (allergy season)(kite for refills).
Ecotrin	81 Mg	30	Take 1 by mouth once daily
Trazodone Hcl	50 Mg	30	Take 1 by mouth at bedtime or she can refuse
Diphenhydramine Hcl	50 Mg	60	Tabs 2 po Qhs
Lamictal	25 Mg	60	2 qhs with the 100mg
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Prozac	20 Mg	30	Take one by mouth at bedtime
Prozac	10 Mg	30	1 at hs with the 20mg

Allergies

Allergen/Ingredient	Brand	Reaction:
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

Review of Systems**Constitutional:**

Negative for fatigue, fever and night sweats.

Genitourinary:

Positive for:

- Menarche age was 10.

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[REDACTED]

- Menses: Menses is regular.
- The patient is peri-menopausal.

Negative for dysuria and hematuria.

Vital Signs

Date	Time	Height	Weight	Temp	Bp	Pulse	Resp.	Pulse Ox Rest	Pulse Ox Amb
10/10/2016	2:54 PM	63.5	172.0		113/77	87	14	98	

FiO2	PeakFlow	Pain Score	Comments

Measured By
Dazzerine Sartor, LPN

Physical Exam

Constitutional: No apparent distress. Well nourished and well developed.

Genitourinary:

Internal Gyn: The chaperone for the exam was Dazzerine Sartor, LPN.

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A speculoscopy was performed.

Pelvic deferred.

Comments: 1st pap pelvic 3/2016 was neg.

Assessment/ Plan

State, female climacteric (627.2)

- p/p having hot & cold flashes , sweating at night , possible peri menopause, hrt trial for 3 month
- notify h/c if problem is worse

Medications ordered this visit

Start Date	Stop Date	Medication Name	Sig Desc
10/10/2016	01/10/2017	Premarin 0.45 mg tablet	Take one Tab by mouth daily
10/10/2016	01/10/2017	Provera 2.5 mg tablet	Take one tab by mouth every day

Office Services

Status	ApptDate	Timeframe	Order	Reason	I
nterpretation Value					
ordered	01/10/2017		On-Site : perimenopause		

Instructions / Education

Status	Completed	Order	Reason
completed	10/10/2016	Increase fluid intake	
completed	10/10/2016	Increase activity level	
completed	10/10/2016	Discussed risk/ benefits/ side effects of treatment	
completed	10/10/2016	Patient was reassured	
completed	10/10/2016	Follow exercise program	
completed	10/10/2016	Patient education provided and patient voiced understanding	
completed	10/10/2016	Reviewed diagnostic study results with patient	

Document generated by: Mohammad I. Azimi, MD 10/10/2016 3:20 PM

Pope, Aisha
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MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 10/21/2016 4:01 PM
 VISIT TYPE: Chart Update

Chief Complaint/Reason for visit:

This 44 year old female presents with chart review.

History of Present Illness**1. Chart Review**

Additional comments:

CRV.

Per EMR@10/15/2016: D/c Rx Zantac per patient's request.

Chronic Problems

Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Provera	2.5 Mg	30	Take one tab by mouth every day
Premarin	0.45 Mg	30	Take one Tab by mouth daily
Ecotrin	81 Mg	30	Take 1 by mouth once daily
Pravachol	40 Mg	30	Take one by mouth at bedtime
Ferrous Sulfate	325 Mg (65 Mg Iron)	90	take one by mouth three times per day
Dulcolax	5 Mg	30	Take 1 at bedtime as needed for
constipation(while on Rx Iron pill). (kite for refills).			
Ocean	0.65 %	1	1-2 sprays to each nostril tid prn. (allergy
season)(kite for refills).			
Diphenhydramine Hcl	50 Mg	60	Tabs 2 po Qhs
Trazodone Hcl	50 Mg	30	Take 1 by mouth at bedtime or she can
refuse			
Lamictal	25 Mg	60	2 qhs with the 100mg
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Prozac	20 Mg	30	Take one by mouth at bedtime
Prozac	10 Mg	30	1 at hs with the 20mg

Allergies

<u>Allergen/Ingredient</u>	<u>Brand</u>	<u>Reaction:</u>
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

Medications stopped this visit

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication</u>	<u>Dose</u>	<u>Sig Desc</u>
09/26/2016	10/21/2016	Zantac	150 Mg	take one by mouth every day

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[REDACTED]

Document generated by: Claire Y. Pei, DO 10/21/2016 4:02 PM

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Pope-CLG-MDOC-000070

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 01/11/2017 3:05 PM
 VISIT TYPE: Provider Visit-scheduled

Chief Complaint/Reason for visit:

This 44 year old female presents with gynecology.

History of Present Illness**1. Gynecology**

Additional information: p/p was started on premarin provera for 3 month, in nov 2016 p/p passed blood clot, menses was for 2 days, p/p wants to stop hrt due to wt gain and h/o anemia on po iron tid started by dr PEI.

Chronic Problems

Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

Drug Name	Dose	Qty	Description
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Prozac	10 Mg	30	1 at hs with the 20mg
Prozac	20 Mg	30	Take one by mouth at bedtime
Lamictal	25 Mg	60	2 qhs with the 100mg
Dulcolax	5 Mg	30	Take 1 at bedtime as needed for
constipation(while on Rx Iron pill). (kite for refills).			
Ferrous Sulfate	325 Mg (65 Mg Iron)	90	take one by mouth three times per day
Pravachol	40 Mg	30	Take one by mouth at bedtime
Ocean	0.65 %	1	1-2 sprays to each nostril tid prn. (allergy
season)(kite for refills).			
Ecotrin	81 Mg	30	Take 1 by mouth once daily
Diphenhydramine Hcl	50 Mg	60	Tabs 2 po Qhs
Trazodone Hcl	50 Mg	30	Take 1 by mouth at bedtime or she can
refuse			

Allergies

Allergen/Ingredient	Brand	Reaction:
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

Review of Systems**Constitutional:**

Negative for fatigue, fever and night sweats.

Genitourinary:

Negative for dysmenorrhea, dysuria, hematuria, menorrhagia and vaginal discharge.

Vital Signs

Pope, Aisha
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Date	Time	Height	Weight	Temp	Bp	Pulse	Resp.	Pulse Ox Rest	Pulse Ox Amb
01/11/2017	2:53 PM	63.5	171.0	97.8	111/77	95	15	97	

FiO2	PeakFlow	Pain Score	Comments

Measured By
Dazzerine Sartor, LPN

Physical Exam**Constitutional:** No apparent distress. Well nourished and well developed.**Genitourinary:****Internal Gyn:** The chaperone for the exam was neg.

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Comments: last pap 3/2016.

Assessment/ Plan**State, female climacteric (627.2)**

- p/p does not want to continue with hrt, will advise to observe her symptoms of hot flashes
- p/p on poiron for anemia , order blood tests for f/u of anemia

Office Services

Status	ApptDate	Timeframe	Order	Reason	!
nterpretation Value					
ordered	04/11/2017		On-Site : perimenopause/ anemia		

Instructions / Education

Status	Completed	Order	Reason
completed	01/11/2017	Reviewed diagnostic study results with patient	
completed	01/11/2017	Increase fluid intake	
completed	01/11/2017	Increase activity level	
completed	01/11/2017	Discussed risk/ benefits/ side effects of treatment	
completed	01/11/2017	Patient was reassured	
completed	01/11/2017	Follow exercise program	
completed	01/11/2017	Patient education provided and patient voiced understanding	

Lab Studies

Status	Lab Code	Lab Study	Timeframe	Date
ordered	CBC2	CBC with Differential, Platelets		01/11/2017
ordered	SIRON/TIBC	Iron and TIBC		01/11/2017

Document generated by: Mohammad I. Azimi, MD 01/11/2017 3:21 PM

Pope, Aisha
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MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 01/18/2017 8:53 AM
 VISIT TYPE: Chart Update

Chief Complaint/Reason for visit:

This 44 year old female presents with lab.

History of Present Illness**1. lab**

Additional comments:

crv for lab
 cbc, hgb. hct low, 10.5, 31.4, rbc low, serum iron 60, tIBC 239 low
 p/p on po iron

Chronic Problems

Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

Drug Name	Dose	Qty	Description
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Prozac	10 Mg	30	1 at hs with the 20mg
Prozac	20 Mg	30	Take one by mouth at bedtime
Lamictal	25 Mg	60	2 qhs with the 100mg
Dulcolax	5 Mg	30	Take 1 at bedtime as needed for
constipation(while on Rx Iron pill). (kite for refills).			
Ferrous Sulfate	325 Mg (65 Mg Iron)	90	take one by mouth three times per day
Pravachol	40 Mg	30	Take one by mouth at bedtime
Ocean	0.65 %	1	1-2 sprays to each nostril tid prn. (allergy
season)(kite for refills).			
Ecotrin	81 Mg	30	Take 1 by mouth once daily
Diphenhydramine Hcl	50 Mg	60	Tabs 2 po Qhs
Trazodone Hcl	50 Mg	30	Take 1 by mouth at bedtime or she can
refuse			

Allergies

Allergen/Ingredient	Brand	Reaction:
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

Physical Exam

Pope, Aisha
 228305

MICHIGAN DEPARTMENT OF CORRECTIONS
MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH
CARE SERVICES

PATIENT: Aisha Pope

DATE OF BIRTH: [REDACTED]

DATE: 01/30/2017 9:48 AM

VISIT TYPE: Case Management

Chronic Problems

<u>Axis</u>	<u>Description</u>
	Hyperlipidemia NEC/NOS

Allergies

<u>Description</u>	<u>Reaction</u>
Propoxyphene	
Penicillins	Itch
Acetaminophen	
Metronidazole	

Progress Note

Direct Service:	Case Management
Individual(s) Present:	patient and therapist
Duration of Contact:	20 - 30 minutes
Change in Mental Status:	No change.
Change in stressors and/or supports of progress:	New stressors and/or supports.
Description of change: family concerns involving husband and youngest son in Alabama.	
Treatment is necessary to:	maintain or improve current level of functioning
Therapeutic Interventions:	Focused Dynamic, supportive

Comments:

Ms. Pope presented with generally euthymic mood and affect appropriate to the discussion. She discussed her health concerns, some family concerns, and her efforts to get along with her bunkie by communicating assertively rather than aggressively. She showed this clinician some bruised areas on her arms and stated that she has been noticing them on her arms and legs since July of last year, expressing concern about the cause. She stated that she continues to kite HC for follow-up after having reported this in a prior visit. She stated that she believes she is taking too much iron, reporting orangish patches on her palms and the bottom of her feet. She explained that because of this, she is taking only 2 of the 2 pills prescribed for her. She described frustration with her husband after learning that her youngest son, who has been in Alabama for the past several months, has not been receiving money provided by her that her husband was supposed to be sending for his support (her husband is the stepfather of her son). In the discussion, she made mention of some money she has been setting aside for herself "in case my husband walks away from the marriage" but said this with no show of distress or emotion. She reported that she is currently participating in a college Creative Writing course through Eastern Michigan University, which she has mixed feelings about due to her perception that the instructor is looking for fixed responses rather than the individual interpretations of the students in the class. She reported compliance with her psych meds and complained of no troublesome side effects.

Mental Status

Patient's appearance is appropriate.
 Patient is oriented to person, place, time and situation.
 Behavior is described as unremarkable.
 Psychomotor behaviors are unremarkable.
 Speech is appropriate.
 Patient's affect is appropriate.
 Patient's mood is euthymic.

NAME: Pope, Aisha J
 Inmate ID: 228305
 D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 04/18/2017 11:28 AM
 VISIT TYPE: Provider Visit-scheduled

Chief Complaint/Reason for visit:

This 45 year old female presents with gynecology.

History of Present Illness**1. Gynecology**

Last menstrual period was 5 Months ago and was on 11/18/2016. The age of menarche onset was 10. Presenting / Initial symptoms include amenorrhea and secondary. The patient's relevant history is negative for diabetes mellitus and oral contraceptive use. Associated symptoms include pelvic pain. Additional information: p/p c/o low abd pain radiating to back, missed menses in 5 months, was given hrt for hot flashes last yr for 3 months & helped hot flashes then p/p gets cramps midol not helping.

Chronic Problems

Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Prozac	10 Mg	30	1 at hs with the 20mg
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Prozac	20 Mg	30	Take one by mouth at bedtime
Lamictal	25 Mg	60	2 qhs with the 100mg
Trazodone Hcl	50 Mg	30	Take 1 by mouth at bedtime or she can
refuse			
Diphenhydramine Hcl	50 Mg	60	Tabs 2 po Qhs
Dulcolax	5 Mg	30	Take 1 at bedtime as needed for
constipation(while on Rx Iron pill). (kite for refills).			
Ferrous Sulfate	325 Mg (65 Mg Iron)	90	take one by mouth three times per day
Pravachol	40 Mg	30	Take one by mouth at bedtime
Ocean	0.65 %	1	1-2 sprays to each nostril tid prn. (allergy
season)(kite for refills).			
Ecotrin	81 Mg	30	Take 1 by mouth once daily

Allergies

<u>Allergen/Ingredient</u>	<u>Brand</u>	<u>Reaction:</u>
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

Review of Systems**Constitutional:**

Negative for fatigue, fever and night sweats.

Genitourinary:

Positive for:

Pope, Aisha
228305

- Dysmenorrhea.
- Menarche age was 10.
- Menses. Last menses was 11/18/2016.
- Pelvic pain.
- The patient is peri-menopausal.

Negative for dysuria, hematuria and oral contraception.

Vital Signs

<u>Date</u>	<u>Time</u>	<u>Height</u>	<u>Weight</u>	<u>Temp</u>	<u>Bp</u>	<u>Pulse</u>	<u>Resp.</u>	<u>Pulse Ox Rest</u>	<u>Pulse Ox Amb</u>
04/18/2017	11:39 AM								
04/18/2017	11:17 AM	63.0	165.0	98.1	121/75	72	18	99	

FiO2 PeakFlow Pain Score Comments

Measured By

Jereisha S. Williams

Physical Exam

Constitutional: No apparent distress. Well nourished and well developed.

Abdomen: Soft, non-tender without organomegaly or masses.

Genitourinary:

External Gyn: External genitalia is unremarkable. Glands do appear to be normal. Perineum is unremarkable. No perianal abnormalities. Urethra is normal in appearance, without erythema. Urethra meatus is normal.

Internal Gyn: The chaperone for the exam was Jereisha Williams.

Vaginal mucosa appears normal. . Cervix normal to inspection and palpation. Uterus: not palpable. Adnexa: tenderness, right. Bladder is normal.

PAP test was not done.

Pap Info:

L.M.P.: Last menses were 11/18/2016.

A speculscopy was performed. Results were negative.

No CVA tenderness. No flank masses are present. No suprapubic tenderness. There appears to be no vaginal discharge.

Assessment/ Plan

Pain assoc w/female genital organs (625)

- p/p perimenopause , 5 months of amenorrhea with pelvic pain not relived by ot c pain meds

Absence, menstruation (626.0)

- tenderrt side, uterus not plable due t o wt

- will do us of pelvis for further evaluation of pain & amenorrhea

- f/u after us

Office Services

Instructions / Education

<u>Status</u>	<u>Completed</u>	<u>Order</u>	<u>Reason</u>
completed	04/18/2017	Increase fluid intake	
completed	04/18/2017	Discussed risk/ benefits/ side effects of treatment	
completed	04/18/2017	Patient was reassured	
completed	04/18/2017	Patient education provided and patient voiced understanding	
completed	04/18/2017	Reviewed diagnostic study results with patient	

Document generated by: Mohammad I. Azimi, MD 04/18/2017 11:49 AM

Pope, Aisha
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MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Mohammad I. Azimi, MD 04/18/2017 11:28 AM****Patient: Aisha Pope****ID#: 228305****DOB:** [REDACTED]

On-Site Clinic

Routine

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):

MDOC

Reference #:

Date of Request: 04/18/2017

For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.

Procedure/Test Requested: us pelvis**Specialty Service Requested:** global diagnostics whv**Provider:** radiology**Initial Visit or F/U?** Initial Visit**Presumed Diagnosis:**

Pain assoc w/female genital organs

625

Absence, menstruation

626.0

Signs & Symptoms:**Date of Onset:**

45 yrsold , c/o 5 months h/o pain absent menses, pain not relieved with midol, advil, p/p last pap 3/2016 neg anemia treated with po iron tid

pelvic exam 4/18/17 . uterus not palpable, rt adnexal tenderness, us of pelvis evaluation uterus , adnexal pain

Lab & Xray Data

hgb 11.5 in 3/2017

Enrolled in Chronic Care Clinic(s)? YesClinicChronic ConditionCodeLast Visit

Good

Hyperlipidemia

WHV

09/26/2016

Current Active Medications:Start Date Stop Date Medication NameSig Desc

09/26/2016 09/26/2017 Dulcolax (bisacodyl) 5 mg tablet,delayed release Take 1 at bedtime as needed for constipation(while on Rx Iron pill). (kite for refills).

09/26/2016 09/26/2017 Ecotrin Low Strength 81 mg tablet,enteric coated Take 1 by mouth once daily

09/26/2016 09/26/2017 ferrous sulfate 325 mg (65 mg iron) tablet,delayed release take one by mouth three times per day

09/26/2016 09/26/2017 Ocean Nasal 0.65 % spray aerosol 1-2 sprays to each nostril tid prn. (allergy season)(kite for refills).

NAME: Pope, Aisha
NUMBER: 228305
D.O.B.: [REDACTED]

**MICHIGAN DEPARTMENT OF CORRECTIONS
CONSULTATION**

SITE: WHV

COMPLETED BY: Mohammad I. Azimi, MD

04/18/2017 11:28 AM

09/26/2016 09/26/2017 Pravachol 40 mg tablet

Take one by mouth at bedtime

03/07/2017 09/07/2017 diphenhydramine 50 mg capsule

Tabs 2 po Qhs

03/07/2017 09/07/2017 trazodone 50 mg tablet

Take 1 by mouth at bedtime or she can refuse

03/22/2017 09/22/2017 Lamictal 100 mg tablet

take one by mouth at bedtime with the 50mg

03/22/2017 09/22/2017 Lamictal 25 mg tablet

2 qhs with the 100mg

03/22/2017 09/22/2017 Prozac 10 mg capsule

1 at hs with the 20mg

03/22/2017 09/22/2017 Prozac 20 mg capsule

Take one by mouth at bedtime

Site Medical Provider: Mohammad I. Azimi MD

04/18/2017

(For UM use only)

Criteria Source:	M & R	Interqual	Other
Criteria met:	Yes	No	Deferred

Reviewer comments:

Recommendation for visit appointment:

Visits:

UM Review #:

Reviewer Name:

Date Reviewed:

Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.

NAME: Pope, Aisha
NUMBER: 228305
D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Connie McCool (04/18/2017 11:28 AM) 04/19/2017 11:36 AM****Patient: Aisha Pope****ID#: 228305****DOB:** [REDACTED]

On-Site Clinic

Routine

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):

MDOC

Reference #: 48197

Date of Request: 04/18/2017

For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.

Procedure/Test Requested: us pelvis**Specialty Service Requested:** global diagnostics whv**Provider:** radiology**Initial Visit or F/U?** Initial Visit**Presumed Diagnosis:**

Pain assoc w/female genital organs

625

Absence, menstruation

626.0

Signs & Symptoms:**Date of Onset:**

45 yrsold , c/o 5 months h/o pain absent menses, pain not relieved with midol, advil, p/p last pap 3/2016 neg anemia treated with po iron tid

pelvic exam 4/18/17 . uterus not palpable, rt adnexal tenderness, us of pelvis evaluation uterus , adnexal pain

Lab & Xray Data

hgb 11.5 in 3/2017

Enrolled in Chronic Care Clinic(s)? YesClinicChronic Condition

Good

Hyperlipidemia

Code

WHV

Last Visit

09/26/2016

Current Active Medications:Start Date Stop Date Medication NameSig Desc

09/26/2016 09/26/2017 Dulcolax (bisacodyl) 5 mg tablet,delayed release Take 1 at bedtime as needed for constipation(while on Rx Iron pill). (kite for refills).

09/26/2016 09/26/2017 Ecotrin Low Strength 81 mg tablet,enteric coated Take 1 by mouth once daily

09/26/2016 09/26/2017 ferrous sulfate 325 mg (65 mg iron) tablet,delayed release take one by mouth three times per day

09/26/2016 09/26/2017 Ocean Nasal 0.65 % spray aerosol 1-2 sprays to each nostril tid prn. (allergy season)(kite for refills).

NAME: Pope, Aisha

NUMBER: 228305

D.O.B. [REDACTED]

**MICHIGAN DEPARTMENT OF CORRECTIONS
CONSULTATION**

SITE: WHV

COMPLETED BY: Connie McCool (04/18/2017 11:28 AM) 04/19/2017 11:36 AM

09/26/2016 09/26/2017 Pravachol 40 mg tablet	Take one by mouth at bedtime
03/07/2017 09/07/2017 diphenhydramine 50 mg capsule	Tabs 2 po Qhs
03/07/2017 09/07/2017 trazodone 50 mg tablet	Take 1 by mouth at bedtime or she can refuse
03/22/2017 09/22/2017 Lamictal 100 mg tablet	take one by mouth at bedtime with the 50mg
03/22/2017 09/22/2017 Lamictal 25 mg tablet	2 qhs with the 100mg
03/22/2017 09/22/2017 Prozac 10 mg capsule	1 at hs with the 20mg
03/22/2017 09/22/2017 Prozac 20 mg capsule	Take one by mouth at bedtime
Site Medical Provider: Mohammad I. Azimi MD	04/18/2017

(For UM use only)

Criteria Source: M & R	Interqual	Other
Criteria met: Yes X	No	Deferred

Reviewer comments:

us pelvis at WHV

Recommendation for visit appointment:

Visits:

UM Review #:

Reviewer Name: Papendick, Keith, MD

Date Reviewed: 04/19/2017

Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.

NAME: Pope, Aisha
NUMBER: 228305
D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 04/19/2017 3:29 PM
 VISIT TYPE: Chart Update

Chief Complaint/Reason for visit:

This 45 year old female presents with 409.

History of Present Illness**1. 409**

Additional comments:

crv for 409

407 approved for us pelvis

Chronic Problems

Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

Drug Name	Dose	Qty	Description
Prozac	10 Mg	30	1 at hs with the 20mg
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Prozac	20 Mg	30	Take one by mouth at bedtime
Lamictal	25 Mg	60	2 qhs with the 100mg
Trazodone Hcl	50 Mg	30	Take 1 by mouth at bedtime or she can
refuse			
Diphenhydramine Hcl	50 Mg	60	Tabs 2 po Qhs
Dulcolax	5 Mg	30	Take 1 at bedtime as needed for
constipation(while on Rx Iron pill). (kite for refills).			
Ferrous Sulfate	325 Mg (65 Mg Iron)	90	take one by mouth three times per day
Pravachol	40 Mg	30	Take one by mouth at bedtime
Ocean	0.65 %	1	1-2 sprays to each nostril tid prn. (allergy
season)(kite for refills).			
Ecotrin	81 Mg	30	Take 1 by mouth once daily

Allergies

Allergen/Ingredient	Brand	Reaction:
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

Physical Exam

Pope, Aisha
 228305

Document generated by: Mohammad I. Azimi, MD 04/19/2017 3:30 PM

Pope, Aisha
228305
[REDACTED]

DUANE L. WATERS HEALTH CENTER
3857 COOPER STREET
JACKSON, MICHIGAN 49201

ULTRASOUND OF THE PELVIS - TRANSABDOMINAL/TRANSVAGINAL

PATIENT NAME AND NUMBER: Pope, Aisha 228305

DICTATING PHYSICIAN: Lyle Mindlin, DO #11461

DATE: 04/21/17

REQUESTING PROVIDER: Azimi

REFERRING FACILITY: WHV

IDENTIFYING DATA: Uterus 9.5 x 5.5 x 7.5 cm. Endometrial thickness 1 cm. Right ovary 2.5 x 2.0 x 2.0 cm; left ovary 3.5 x 3.0 x 3.5 cm. Two fibroids are identified, the largest measuring about 3 cm. The ovaries are normal in echogenicity. No abnormal pelvic masses or fluid collections otherwise identified.

IMPRESSION:

1. Thickening of the endometrium, possibly related to menstrual cycle.
2. Two uterine fibroids.

Lyle Mindlin, DO #11461
MDOC Medical Provider

LM / mf
4/23/2017 11:06 AM / 4/24/2017 8:34 AM
22545052

Electronically signed by Michael A. Henderson MD on 04/24/2017 10:55 PM

PopeAisha
228305

Pope-CLG-MDOC-000099

Constitutional:

Positive for:

- Night sweats.

Negative for fatigue and fever.

Respiratory:

Negative for cough, dyspnea and wheezing.

Cardiovascular:

Negative for chest pain and irregular heartbeat/palpitations.

Gastrointestinal:

Positive for:

- Vomiting.

Negative for abdominal pain, constipation and diarrhea.

Genitourinary:

Negative for dysuria and hematuria.

Metabolic/Endocrine:

Positive for:

- Polyphagia.

Neuro/Psychiatric:

Positive for:

- Headache.

Dermatologic:

Positive for:

- Rash.

Hematology:

Negative for bleeding and easy bruising.

Vital Signs

Date	Time	Height	Weight	Temp	Bp	Pulse	Resp.	Pulse Ox Rest	Pulse Ox Amb
05/09/2017	1:35 PM		172.0	98.0	107/75	71		98	

FiO2	PeakFlow	Pain Score	Comments

Measured By
Alice Penrose, MD

Physical Exam**Constitutional:**

Level of distress is anxious. Nourishment type is overweight. Overall appearance is depressed.

Head / Face: Normocephalic.**Eyes:** Pupils are equal and reactive to light. Conjunctiva and lids are normal.**Ears:** Hearing grossly intact. Tympanic membranes normal.**Nose / Mouth / Throat:** No nasal deformity. Mucous membranes normal. Tongue and throat appear normal. No mucosal lesions.**Neck / Thyroid:** Supple, without adenopathy, or enlarged thyroid.**Respiratory:** Normal to inspection. Lungs clear to auscultation and percussion.**Cardiovascular:** Regular rhythm. No murmurs, gallops, or rubs.**Abdomen:**

There is no guarding. There is no rebound.

No hepatic enlargement.

No spleen enlargement.

Negative for palpable masses.

Comments: tender in lower quadrants.

Pope, Aisha

228305

Integumentary:

Comments: papular rash on back of neck and antecubital spaces

Psychiatric:

The patient has pressured speech,

Assessment/ Plan**1. Hyperlipidemia NEC/NOS (272.4), Good.****- LDL 122****2. Migraine (346), Poor.****- propranolol****-avoid caffeine****3. Dermatitis and eczema, contact (692), Good.****- betamethasone****4. anemia improved****Medications ordered this visit**

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication Name</u>	<u>Sig Desc</u>
05/09/2017	05/09/2018	propranolol 10 mg tablet	on half tablet bid for prevention of headache
Take every day			
05/09/2017	05/09/2018	betamethasone valerate 0.1 % topical cream	apply topically to affected area twice per day
15 gm		kite for RF	

Office Services

<u>Status</u>	<u>ApptDate</u>	<u>Timeframe</u>	<u>Order</u>	<u>Reason</u>	<u>!</u>
ordered	10/23/2017		Chronic Care Six Months : F/U headache and lipids and anemia		
ordered	06/09/2017		Provider Visit : F/U headache		

Instructions / Education

<u>Status</u>	<u>Completed</u>	<u>Order</u>	<u>Reason</u>
completed	05/09/2017	Reviewed medications	
completed	05/09/2017	Take new medication as prescribed	
completed	05/09/2017	Patient education provided and patient voiced understanding	
completed	05/09/2017	Reviewed diagnostic study results with patient	

Lab Studies

<u>Status</u>	<u>Lab Code</u>	<u>Lab Study</u>	<u>Timeframe</u>	<u>Date</u>
ordered	PHS2	Comp Panel + CBC/Plt/Thyroid		10/09/2017
	Fasting.			
ordered	FERR	FERRITIN		10/09/2017
	Fasting.			

Document generated by: Alice Penrose, MD 05/09/2017 1:37 PMPope, Aisha
228305



MICHIGAN DEPARTMENT OF CORRECTIONS

Lab Orders

Patient Name: Aisha Pope
Housing Location: WHV , WHV
Date of Birth: [REDACTED]

<u>Diagnosis</u>	<u>Dx Code</u>
Hyperlipidemia NEC/NOS	(272.4)
Migraine	(346)

Lab Studies

<u>Status</u>	<u>Lab Code</u> <u>Comments</u>	<u>Lab Study</u>	<u>Timeframe</u>	<u>Date</u>
ordered	PHS2 Fasting.	Comp Panel + CBC/Plt/Thyroid		10/09/2017
ordered	FERI Fasting.	FERRITIN		10/09/2017

Ordered by: Alice Penrose MD
Date: 05/09/2017 12:58 PM

Name:PopeAisha
Inmate ID:228305
[REDACTED]
Pope-CLG-MDOC-000107

MICHIGAN DEPARTMENT OF CORRECTIONS

NURSE PROTOCOL

SITE: WHV

COMPLETED BY: Denise M. Terrell, RN 05/17/2017 7:26 PM

Patient Name: Aisha Pope

DOB [REDACTED]

ID#: 228305

Patient presenting with chief complaint(s)of: .

Plan:

ORDERS

<u>Status</u>	<u>Order</u>	<u>Reason</u>	<u>Date</u>
ordered	Nurse Referral To Provider : Inmate claims that she is passing large clots rectally. Her stool cards did test positive.		05/18/2017

Document generated by: Denise M. Terrell, RN 05/17/2017 7:39 PM

Provider: Shanthi Gopal MD

NAME: Pope, Aisha
NUMBER: 228305
D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 05/22/2017 3:06 PM
 VISIT TYPE: Provider Visit-scheduled

Chief Complaint/Reason for visit:

This 45 year old female presents with gastrointestinal.

History of Present Illness**1. gastrointestinal / blood in stool**

Additional comments:

blood i n stool for past few days.

h/o anemia

last hemoglobin 3/29/17- 11.1

positive hemocccult cards,

Chronic Problems

Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Betamethasone Valerate	0.1 %	0	apply topically to affected area twice per day
15 gm kite for RF			
Propranolol Hcl	10 Mg	30	on half tablet bid for prevention of headache
Take every day			
Prozac	20 Mg	30	Take one by mouth at bedtime
Lamictal	25 Mg	60	2 qhs with the 100mg
Prozac	10 Mg	30	1 at hs with the 20mg
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Trazodone Hcl	50 Mg	30	Take 1 by mouth at bedtime or she can
refuse			
Diphenhydramine Hcl	50 Mg	60	Tabs 2 po Qhs
Ocean	0.65 %	1	1-2 sprays to each nostril tid prn. (allergy
season)(kite for refills).			
Ecotrin	81 Mg	30	Take 1 by mouth once daily
Dulcolax	5 Mg	30	Take 1 at bedtime as needed for
constipation(while on Rx Iron pill). (kite for refills).			
Ferrous Sulfate	325 Mg (65 Mg Iron)		90 take one by mouth three times per day
Pravachol	40 Mg	30	Take one by mouth at bedtime

Allergies

<u>Allergen/Ingredient</u>	<u>Brand</u>	<u>Reaction:</u>
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

Pope, Aisha
228305

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 05/25/2017 9:59 AM
 VISIT TYPE: Provider Visit-scheduled

Chief Complaint/Reason for visit:

This 45 year old female presents with f/u blood in stool.

History of Present Illness**1. F/u blood in stool**

Additional comments:

C/O abdominal pain and cramps.

continues to have blood in stool.

no changes in bowel habits. no weight loss or loss of appetite. no hematemesis

FOBT positive.

Hemoglobin- 10.8 on 5/24/17 down from 11.5 on 3/29/17, MCV and Serum iron ok.

no menorrhagia or hematuria

Chronic Problems

Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Betamethasone Valerate	0.1 %	0	apply topically to affected area twice per day
15 gm kite for RF			
Propranolol Hcl	10 Mg	30	on half tablet bid for prevention of headache
Take every day			
Prozac	20 Mg	30	Take one by mouth at bedtime
Lamictal	25 Mg	60	2 qhs with the 100mg
Prozac	10 Mg	30	1 at hs with the 20mg
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Trazodone Hcl	50 Mg	30	Take 1 by mouth at bedtime or she can
refuse			
Diphenhydramine Hcl	50 Mg	60	Tabs 2 po Qhs
Ocean	0.65 %	1	1-2 sprays to each nostril tid prn. (allergy
season)(kite for refills).			
Ecotrin	81 Mg	30	Take 1 by mouth once daily
Dulcolax	5 Mg	30	Take 1 at bedtime as needed for
constipation(while on Rx Iron pill). (kite for refills).			
Ferrous Sulfate	325 Mg (65 Mg Iron)		90 take one by mouth three times per day
Pravachol	40 Mg	30	Take one by mouth at bedtime

Allergies

<u>Allergen/Ingredient</u>	<u>Brand</u>	<u>Reaction:</u>
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

Pope, Aisha
 228305
 [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Shanthi Gopal, MD 05/26/2017 10:58 AM****Patient: Aisha Pope****ID#: 228305****DOB:** [REDACTED]

Off-site

Routine

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):

MDOC

Reference #:

Date of Request: 05/26/2017

For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.

Procedure/Test Requested: Colonoscopy**Specialty Service Requested:** Gastroenterology**Presumed Diagnosis:**

Anemia

285.9

Blood in stool

578.1

Signs & Symptoms:**Date of Onset:**

45 yr old female with iron deficiency anemia recently noticed blood in stool for past 2 weeks. FOBT testing was positive. c/o abdominal pain and cramps. no c/o vaginal bleeding. no c/o hematuria. no changes in Bowel habits. No weight loss. Hemoglobin 10.8 gm down for 11.5 on 3/29/17. She will need a colonoscopy to further evaluate her symptoms. Please review and approve. Thank you.

Enrolled in Chronic Care Clinic(s)?

Clinic
Good

Chronic Condition
Hyperlipidemia

Code
WHV

Last Visit
09/26/2016

Current Active Medications:

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication Name</u>	<u>Sig Desc</u>
09/26/2016	09/26/2017	Dulcolax (bisacodyl) 5 mg tablet,	delayed release Take 1 at bedtime as needed for constipation(while on Rx Iron pill). (kite for refills).
09/26/2016	09/26/2017	Ecotrin Low Strength 81 mg tablet,	enteric coated Take 1 by mouth once daily
09/26/2016	09/26/2017	ferrous sulfate 325 mg (65 mg iron) tablet,	delayed release take one by mouth three times per day
09/26/2016	09/26/2017	Ocean Nasal 0.65 % spray aerosol	1-2 sprays to each nostril tid prn. (allergy season)(kite for refills).
09/26/2016	09/26/2017	Pravachol 40 mg tablet	Take one by mouth at bedtime
03/07/2017	09/07/2017	diphenhydramine 50 mg capsule	Tabs 2 po Qhs
03/07/2017	09/07/2017	trazodone 50 mg tablet	Take 1 by mouth at bedtime or she can refuse
03/22/2017	09/22/2017	Lamictal 100 mg tablet	take one by mouth at bedtime with the 50mg

NAME: Pope, Aisha
NUMBER: 228305
D.O.B. [REDACTED]

**MICHIGAN DEPARTMENT OF CORRECTIONS
CONSULTATION**

SITE: WHV

COMPLETED BY: Connie McCool (05/26/2017 10:58 AM) 05/30/2017 1:29 PM

03/22/2017 09/22/2017 Lamictal 25 mg tablet 2 qhs with the 100mg
03/22/2017 09/22/2017 Prozac 10 mg capsule 1 at hs with the 20mg
03/22/2017 09/22/2017 Prozac 20 mg capsule Take one by mouth at bedtime
05/09/2017 05/09/2018 betamethasone valerate 0.1 % topical cream apply topically to affected area twice per
day 15 gm kite for RF
05/09/2017 05/09/2018 propranolol 10 mg tablet on half tablet bid for prevention of headache
Take every day
05/25/2017 06/25/2017 naproxen 500 mg tablet take one tablet twice a day as needed- take with
food
05/25/2017 06/25/2017 Zantac Maximum Strength 150 mg tablet one po bid prn - GI prophylaxis while on
NSAIDS

Site Medical Provider: Shanthi Gopal MD

05/26/2017

(For UM use only)

Criteria Source: M & R Interqual Other Protocol
Criteria met: Yes X No Deferred

Reviewer comments:
approval for Colonoscopy

Recommendation for visit appointment:

Visits:

UM Review #:

Reviewer Name: Papendick, Keith, MD/LM, RN

Date Reviewed: 05/30/2017

Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.

NAME: Pope, Aisha
NUMBER: 228305
D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS
MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF
HEALTH CARE SERVICES

PATIENT: Aisha Pope
DATE OF BIRTH: [REDACTED]
DATE: 06/13/2017 12:40 PM
INMATE ID: 228305

SOAP NOTE

Subjective:

Inmate seen following phone call regarding c/o "abdominal pain, shortness of breath and hot flashes". Pain located in LLQ, described as cramping. Pain moves from stomach to back. Pain alleviated by nothing. No aggravating factors noted. Shortness of breath occurs sporadically. Inmate stated having SOB during assessment. Inmate also complained hot flashes sporadically. Inmate stated still having periods of bleeding from rectum. Blood bright red, no longer have blood clots.

Objective:

Inmate alert and responsive. Speech clear, Inmate able to speak with difficulty breathing. Resp even and unlabored. Abdomen soft and non-distended. No guarding. No tenderness to touch. Bowel sounds active in all four quadrants. No episode of bleeding noted during assessment. No s/s of acute distress present.

Plan:

Medical Provider notified of assessment. Order rec'd to admit Inmate to Infirmary.

Provider: Shanthi Gopal MD

Document generated by: Bryant Tinsley

NAME: Pope, Aisha
D.O.B.: [REDACTED]
Inmate ID: 228305

Pope-CLG-MDOC-000152

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 06/13/2017 9:19 PM
 VISIT TYPE: Chart Update

Nursing Comments

Inmate admitted to the Infirmary with retal bleeding and abdominal pain.

Chronic Problems

Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Zantac	150 Mg	60	one po bid prn - GI prophylaxis whil eon
NSAIDS			
Naproxen	500 Mg	30	take one tablet twice a day as needed- take
with food			
Betamethasone Valerate	0.1 %	0	apply topically to affected area twice per day
15 gm kite for RF			
Propranolol Hcl	10 Mg	30	on half tablet bid for prevention of headache
Take every day			
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Prozac	20 Mg	30	Take one by mouth at bedtime
Lamictal	25 Mg	60	2 qhs with the 100mg
Prozac	10 Mg	30	1 at hs with the 20mg
Trazodone Hcl	50 Mg	30	Take 1 by mouth at bedtime or she can
refuse			
Diphenhydramine Hcl	50 Mg	60	Tabs 2 po Qhs
Ocean	0.65 %	1	1-2 sprays to each nostril tid prn. (allergy
season)(kite for refills).			
Ecotrin	81 Mg	30	Take 1 by mouth once daily
Dulcolax	5 Mg	30	Take 1 at bedtime as needed for
constipation(while on Rx Iron pill). (kite for refills).			
Ferrous Sulfate	325 Mg (65 Mg Iron)		90 take one by mouth three times per day
Pravachol	40 Mg	30	Take one by mouth at bedtime

Allergies

<u>Allergen/Ingredient</u>	<u>Brand</u>	<u>Reaction:</u>
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

Vital Signs

<u>Date</u>	<u>Time</u>	<u>Height</u>	<u>Weight</u>	<u>Temp</u>	<u>Bp</u>	<u>Pulse</u>	<u>Resp.</u>	<u>Pulse Ox Rest</u>	<u>Pulse Ox Amb</u>
06/13/2017	12:40 PM			97.2	120/83	72	20	96	

FiO2 PeakFlow Pain Score Comments

Measured By
Bryant Tinsley

Pope, Aisha
228305

Document generated by: Otis N. Kemutambah, LPN 06/13/2017 9:21 PM

Pope, Aisha

228305

2/2

Pope-CLG-MDOC-000154

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 07/10/2017 1:32 PM
 VISIT TYPE: Chart Update

Chief Complaint/Reason for visit:

This 45 year old female presents with chart review.

History of Present Illness**1. Chart Review**

Additional comments:

patient completed colonoscopy.

she can be discharged form infirmary.

colonoscopy report pending at this time.

patient is requesting to be discharged form infirmary.

she is clinically stable.

will schedule appt to discuss results

Chronic Problems

Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Tums	200 Mg Calcium	(500 Mg)	150 Take one PO three times a day as needed
Betamethasone Valerate	0.1 %	0	apply topically to affected area twice per day
15 gm kite for RF			
Propranolol Hcl	10 Mg	30	on half tablet bid for prevention of headache
Take every day			
Prozac	10 Mg	30	1 at hs with the 20mg
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Lamictal	25 Mg	60	2 qhs with the 100mg
Prozac	20 Mg	30	Take one by mouth at bedtime
Trazodone Hcl	50 Mg	30	Take 1 by mouth at bedtime or she can refuse
Diphenhydramine Hcl	50 Mg	60	Tabs 2 po Qhs
Ocean	0.65 %	1	1-2 sprays to each nostril tid prn. (allergy season)(kite for refills).
Ecotrin	81 Mg	30	Take 1 by mouth once daily
Dulcolax	5 Mg	30	Take 1 at bedtime as needed for constipation(while on Rx Iron pill). (kite for refills).
Pravachol	40 Mg	30	Take one by mouth at bedtime
Ferrous Sulfate	325 Mg (65 Mg Iron)		90 take one by mouth three times per day

Allergies

<u>Allergen/Ingredient</u>	<u>Brand</u>	<u>Reaction:</u>
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	

Pope, Aisha
228305

Metronidazole

Vital Signs

<u>Date</u>	<u>Time</u>	<u>Height</u>	<u>Weight</u>	<u>Temp</u>	<u>Bp</u>	<u>Pulse</u>	<u>Resp.</u>	<u>Pulse Ox Rest</u>	<u>Pulse Ox Amb</u>
07/10/2017	1:52 PM			98.1	117/80	78	16	99	

<u>FiO2</u>	<u>PeakFlow</u>	<u>Pain Score</u>	<u>Comments</u>
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Measured By
Brionna M. Kilgore

Physical Exam

Office Services

<u>Status</u>	<u>ApptDate</u>	<u>Timeframe</u>	<u>Order</u>	<u>Reason</u>	
<u>nterpretation Value</u>					!
ordered	07/26/2017		Provider Visit : discuss path report s/p colonoscopy		

Document generated by: Shanthi Gopal, MD 07/10/2017 3:11 PM

Pope, Aisha
228305

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Shanthi Gopal, MD 07/10/2017 2:44 PM****Patient: Aisha Pope****ID#: 228305****DOB:** [REDACTED]

Off-site

Routine

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):

MDOC

Reference #:

Date of Request: 07/10/2017

For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.

Procedure/Test Requested: Consultation**Specialty Service Requested:** Surgery**Initial Visit or F/U?** Initial Visit**Presumed Diagnosis:**

Anemia	285.9
Polyp, anal and rectal	569.0
Neoplasm, Malignant, colon	153

Signs & Symptoms:**Date of Onset:**

45 yr old female with iron deficiency anemia recently noticed blood in stool for past 2 weeks. FOBT testing was positive. c/o abdominal pain and cramps. no c/o vaginal bleeding. no c/o hematuria. no changes in Bowel habits. No weight loss. Hemoglobin 10.8 gm down for 11.5 on 3/29/17. Colonoscopy done on 7/5/17 showed a large polyp, ulcerated likely at the splenic flexure area at about 60 cm from the anal verge, a difficult site and suspicious for malignancy.

Lab & Xray Data

Path report- colon- splenic flexure biopsy - Invasive moderately differentiated adenocarcinoma. recommended consultation with surgeon for resection. Please review and approve. Thank you.

Enrolled in Chronic Care Clinic(s)?

<u>Clinic</u>	<u>Chronic Condition</u>	<u>Code</u>	<u>Last Visit</u>
Good	Hyperlipidemia	WHV	09/26/2016

Current Active Medications:

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication Name</u>	<u>Sig</u>	<u>Desc</u>
09/26/2016	09/26/2017	Dulcolax (bisacodyl) 5 mg tablet,	delayed release	Take 1 at bedtime as needed for constipation(while on Rx Iron pill). (kite for refills).
09/26/2016	09/26/2017	Ecotrin Low Strength 81 mg tablet,	enteric coated	Take 1 by mouth once daily
09/26/2016	09/26/2017	ferrous sulfate 325 mg (65 mg iron) tablet,	delayed release	take one by mouth three

NAME: Pope, Aisha K
NUMBER: 228305
D.O.B. [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Shanthi Gopal, MD 07/10/2017 2:44 PM**

times per day

09/26/2016 09/26/2017 Ocean Nasal 0.65 % spray aerosol	1-2 sprays to each nostril tid prn. (allergy season)(kite for refills).
09/26/2016 09/26/2017 Pravachol 40 mg tablet	Take one by mouth at bedtime
03/07/2017 09/07/2017 diphenhydramine 50 mg capsule	Tabs 2 po Qhs
03/07/2017 09/07/2017 trazodone 50 mg tablet	Take 1 by mouth at bedtime or she can refuse
03/22/2017 09/22/2017 Lamictal 100 mg tablet	take one by mouth at bedtime with the 50mg
03/22/2017 09/22/2017 Lamictal 25 mg tablet	2 qhs with the 100mg
03/22/2017 09/22/2017 Prozac 10 mg capsule	1 at hs with the 20mg
03/22/2017 09/22/2017 Prozac 20 mg capsule	Take one by mouth at bedtime
05/09/2017 05/09/2018 betamethasone valerate 0.1 % topical cream	apply topically to affected area twice per day 15 gm kite for RF
05/09/2017 05/09/2018 propranolol 10 mg tablet	on half tablet bid for prevention of headache
Take every day	
06/21/2017 06/21/2018 Tums 200 mg calcium (500 mg) chewable tablet	Take one PO three times a day as needed

Site Medical Provider: Shanthi Gopal MD**07/10/2017****(For UM use only)**

Criteria Source: M & R	Interqual	Other
Criteria met: Yes	No	Deferred

Reviewer comments:**Recommendation for visit appointment:****# Visits:****UM Review #:****Reviewer Name:****Date Reviewed:**

Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.

NAME: Pope, Aisha K
NUMBER: 228305
D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 07/11/2017 3:37 PM
 VISIT TYPE: No-Show

Chief Complaint/Reason for visit:

This 45 year old female presents with chart review.

History of Present Illness**1. Chart Review**

Additional comments:

NO SHOW for CCC appt anemia f/u
 will reschedule

Chronic Problems

Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

Drug Name	Dose	Qty	Description
Tums needed	200 Mg Calcium	(500 Mg)	150 Take one PO three times a day as
Betamethasone Valerate 15 gm kite for RF	0.1 %	0	apply topically to affected area twice per day
Propranolol Hcl Take every day	10 Mg	30	on half tablet bid for prevention of headache
Prozac	10 Mg	30	1 at hs with the 20mg
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Lamictal	25 Mg	60	2 qhs with the 100mg
Prozac	20 Mg	30	Take one by mouth at bedtime
Trazodone Hcl refuse	50 Mg	30	Take 1 by mouth at bedtime or she can
Diphenhydramine Hcl	50 Mg	60	Tabs 2 po Qhs
Ocean season)(kite for refills).	0.65 %	1	1-2 sprays to each nostril tid prn. (allergy
Ecotrin	81 Mg	30	Take 1 by mouth once daily
Dulcolax constipation(while on Rx Iron pill). (kite for refills).	5 Mg	30	Take 1 at bedtime as needed for
Pravachol	40 Mg	30	Take one by mouth at bedtime
Ferrous Sulfate	325 Mg (65 Mg Iron)		90 take one by mouth three times per day

Allergies

Allergen/Ingredient	Brand	Reaction:
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

Vital Signs

Pope, Aisha
 228305
 [REDACTED]

Pope-CLG-MDOC-000290

**MICHIGAN DEPARTMENT OF CORRECTIONS
CONSULTATION**

SITE: WHV

COMPLETED BY: Kaelynn R. Pfeil (07/10/2017 2:44 PM) 07/12/2017 1:01 PM

times per day

09/26/2016 09/26/2017 Ocean Nasal 0.65 % spray aerosol	1-2 sprays to each nostril tid prn. (allergy season)(kite for refills).
09/26/2016 09/26/2017 Pravachol 40 mg tablet	Take one by mouth at bedtime
03/07/2017 09/07/2017 diphenhydramine 50 mg capsule	Tabs 2 po Qhs
03/07/2017 09/07/2017 trazodone 50 mg tablet	Take 1 by mouth at bedtime or she can refuse
03/22/2017 09/22/2017 Lamictal 100 mg tablet	take one by mouth at bedtime with the 50mg
03/22/2017 09/22/2017 Lamictal 25 mg tablet	2 qhs with the 100mg
03/22/2017 09/22/2017 Prozac 10 mg capsule	1 at hs with the 20mg
03/22/2017 09/22/2017 Prozac 20 mg capsule	Take one by mouth at bedtime
05/09/2017 05/09/2018 betamethasone valerate 0.1 % topical cream	apply topically to affected area twice per day 15 gm kite for RF
05/09/2017 05/09/2018 propranolol 10 mg tablet	on half tablet bid for prevention of headache
Take every day	
06/21/2017 06/21/2018 Tums 200 mg calcium (500 mg) chewable tablet	Take one PO three times a day as needed

Site Medical Provider: Shanthi Gopal MD

07/10/2017

(For UM use only)

Criteria Source: M & R	Interqual	Other
Criteria met: Yes X No	Deferred	

Reviewer comments: General surgery consult at HFAH general surgery

Recommendation for visit appointment:

Visits:

UM Review #:

Reviewer Name: Papendick, Keith, MD

Date Reviewed: 07/12/2017

Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to


NAME: Pope, Aisha K
NUMBER: 228305
D.O.B.: [REDACTED]

**MICHIGAN DEPARTMENT OF CORRECTIONS
CONSULTATION**

SITE: WHV

COMPLETED BY: Kaelynn R. Pfeil (07/10/2017 2:44 PM) 07/12/2017 1:01 PM

determine if service is still necessary and appropriate.

NAME: Pope, Aisha K
NUMBER: 228305
D.O.B.: 

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Shanthi Gopal, MD 07/18/2017 3:34 PM****Patient: Aisha Pope****ID#: 228305****DOB:** [REDACTED]

Off-site

Routine

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):

MDOC

Reference #:

Date of Request: 07/18/2017

For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.

Procedure/Test Requested: CT scan of chest/abdomen/ pelvis with contrast**Specialty Service Requested:** Radiology-Diagnostic**Presumed Diagnosis:**

Neoplasm, Malignant, colon

153

Anemia

285.9

Signs & Symptoms:**Date of Onset:**

45 yr old female with iron deficiency anemia recently noticed blood in stool. FOBT testing was positive. c/o abdominal pain and cramps. no c/o vaginal bleeding. no c/o hematuria. no changes in Bowel habits. No weight loss. Hemoglobin 10.8 gm down for 11.5 on 3/29/17. Colonoscopy done on 7/5/17 showed a large polyp, ulcerated likely at the splenic flexure area at about 60 cm from the anal verge, a difficult site and suspicious for malignancy.

Lab & Xray Data

Path report- colon- splenic flexure biopsy - Invasive moderately differentiated adenocarcinoma. Seen by General surgery for consultation on 7/18/17. Recommended CT scan of chest/abdomen/ pelvis with contrast for staging work up. Please review and approve. Thank you.

Enrolled in Chronic Care Clinic(s)?ClinicChronic ConditionCodeLast Visit

Good

Hyperlipidemia

WHV

09/26/2016

Current Active Medications:Start Date Stop Date Medication NameSig Desc

09/26/2016 09/26/2017 Dulcolax (bisacodyl) 5 mg tablet, delayed release Take 1 at bedtime as needed for constipation (while on Rx Iron pill). (kite for refills).

09/26/2016 09/26/2017 Ecotrin Low Strength 81 mg tablet, enteric coated Take 1 by mouth once daily

09/26/2016 09/26/2017 ferrous sulfate 325 mg (65 mg iron) tablet, delayed release take one by mouth three times per day

NAME: Pope, Aisha K

NUMBER: 228305

D.O.B. [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Shanthi Gopal, MD 07/18/2017 3:34 PM**

09/26/2016 09/26/2017 Ocean Nasal 0.65 % spray aerosol 1-2 sprays to each nostril tid prn. (allergy season)(kite for refills).

09/26/2016 09/26/2017 Pravachol 40 mg tablet Take one by mouth at bedtime

03/07/2017 09/07/2017 diphenhydramine 50 mg capsule Tabs 2 po Qhs

03/07/2017 09/07/2017 trazodone 50 mg tablet Take 1 by mouth at bedtime or she can refuse

03/22/2017 09/22/2017 Lamictal 100 mg tablet take one by mouth at bedtime with the 50mg

03/22/2017 09/22/2017 Lamictal 25 mg tablet 2 qhs with the 100mg

03/22/2017 09/22/2017 Prozac 10 mg capsule 1 at hs with the 20mg

03/22/2017 09/22/2017 Prozac 20 mg capsule Take one by mouth at bedtime

05/09/2017 05/09/2018 betamethasone valerate 0.1 % topical cream apply topically to affected area twice per day 15 gm kite for RF

05/09/2017 05/09/2018 propranolol 10 mg tablet on half tablet bid for prevention of headache

Take every day

06/21/2017 06/21/2018 Tums 200 mg calcium (500 mg) chewable tablet Take one PO three times a day as needed

Site Medical Provider: Shanthi Gopal MD**07/18/2017****(For UM use only)**

Criteria Source: M & R	Interqual	Other
Criteria met: Yes No	Deferred	

Reviewer comments:**Recommendation for visit appointment:****# Visits:****UM Review #:****Reviewer Name:****Date Reviewed:**

Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.

NAME: Pope, Aisha K
NUMBER: 228305
D.O.B.: XXXXXXXXXX

Physical Exam

Assessment/ Plan

Neoplasm, Malignant, colon (153)

Anemia (285.9)

Hyperlipidemia NEC/NOS (272.4)

Document generated by: Shanthi Gopal, MD 07/20/2017 7:57 AM

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Shanthi Gopal, MD 07/20/2017 7:50 AM****Patient: Aisha Pope****ID#: 228305****DOB:**

Off-site

Routine

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):

MDOC

Reference #:

Date of Request: 07/20/2017

For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.

Procedure/Test Requested: Consult for Cardiac risk stratification prior to Robotic assisted laproscopic left hemicolectomy

Specialty Service Requested: Cardiology

Initial Visit or F/U? Initial Visit

Presumed Diagnosis:

Neoplasm, Malignant, colon

153

Anemia

285.9

Hyperlipidemia NEC/NOS

272.4

Signs & Symptoms:

Date of Onset:

45 yr old female with iron deficiency anemia recently noticed blood in stool. FOBT testing was positive. c/o abdominal pain and cramps. no c/o vaginal bleeding. no c/o hematuria. no changes in Bowel habits. No weight loss. Hemoglobin 10.8 gm down for 11.5 on 3/29/17. Colonoscopy done on 7/5/17 showed a large polyp, ulcerated likely at the splenic flexure area at about 60 cm from the anal verge, a difficult site and suspicious for malignancy.

Lab & Xray Data

Path report- colon- splenic flexure biopsy - Invasive moderately differentiated adenocarcinoma. Seen by General surgery for consultation on 7/18/17. Recommended CT scan of chest/abdomen/ pelvis with contrast for staging work up and cardiac risk stratification prior to Robotic assisted laproscopic left hemicolectomy. Please review and approve. Thank you.

Enrolled in Chronic Care Clinic(s)?

ClinicChronic ConditionCodeLast Visit

Good

Hyperlipidemia

WHV

09/26/2016

Current Active Medications:

Start Date Stop Date Medication NameSig Desc

09/26/2016 09/26/2017 Dulcolax (bisacodyl) 5 mg tablet, delayed release Take 1 at bedtime as needed for

NAME: Pope, Aisha K

NUMBER: 228305

D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Shanthi Gopal, MD 07/20/2017 7:50 AM**

constipation(while on Rx Iron pill). (kite for refills).

09/26/2016 09/26/2017 Ecotrin Low Strength 81 mg tablet,enteric coated Take 1 by mouth once daily

09/26/2016 09/26/2017 ferrous sulfate 325 mg (65 mg iron) tablet,delayed release take one by mouth three times per day

09/26/2016 09/26/2017 Ocean Nasal 0.65 % spray aerosol 1-2 sprays to each nostril tid prn. (allergy season)(kite for refills).

09/26/2016 09/26/2017 Pravachol 40 mg tablet Take one by mouth at bedtime

03/07/2017 09/07/2017 diphenhydramine 50 mg capsule Tabs 2 po Qhs

03/07/2017 09/07/2017 trazodone 50 mg tablet Take 1 by mouth at bedtime or she can refuse

03/22/2017 09/22/2017 Lamictal 100 mg tablet take one by mouth at bedtime with the 50mg

03/22/2017 09/22/2017 Lamictal 25 mg tablet 2 qhs with the 100mg

03/22/2017 09/22/2017 Prozac 10 mg capsule 1 at hs with the 20mg

03/22/2017 09/22/2017 Prozac 20 mg capsule Take one by mouth at bedtime

05/09/2017 05/09/2018 betamethasone valerate 0.1 % topical cream apply topically to affected area twice per day 15 gm kite for RF

05/09/2017 05/09/2018 propranolol 10 mg tablet on half tablet bid for prevention of headache Take every day

06/21/2017 06/21/2018 Tums 200 mg calcium (500 mg) chewable tablet Take one PO three times a day as needed

07/18/2017 07/23/2017 Tylenol-Codeine #3 300 mg-30 mg tablet one po bid prn pain- cancer patient for 5 days

Site Medical Provider: Shanthi Gopal MD**07/20/2017****(For UM use only)**

Criteria Source: M & R	Interqual	Other
Criteria met: Yes	No	Deferred

Reviewer comments:**Recommendation for visit appointment:****# Visits:****UM Review #:****Reviewer Name:****Date Reviewed:***Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If*

NAME: Pope, Aisha K

NUMBER: 228305

D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Samantha L. Tipton (07/20/2017 7:50 AM) 07/21/2017 9:39 AM****Patient: Aisha Pope****ID#: 228305****DOB:** [REDACTED]

Off-site

Routine

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):

MDOC

Reference #: 00643349

Date of Request: 07/20/2017

For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.

Procedure/Test Requested: Consult for Cardiac risk stratification prior to Robotic assisted laproscopic left hemicolectomy

Specialty Service Requested: Cardiology**Initial Visit or F/U?** Initial Visit**Presumed Diagnosis:**

Neoplasm, Malignant, colon

153

Anemia

285.9

Hyperlipidemia NEC/NOS

272.4

Signs & Symptoms:**Date of Onset:**

45 yr old female with iron deficiency anemia recently noticed blood in stool. FOBT testing was positive. c/o abdominal pain and cramps. no c/o vaginal bleeding. no c/o hematuria. no changes in Bowel habits. No weight loss. Hemoglobin 10.8 gm down for 11.5 on 3/29/17. Colonoscopy done on 7/5/17 showed a large polyp, ulcerated likely at the splenic flexure area at about 60 cm from the anal verge, a difficult site and suspicious for malignancy.

Lab & Xray Data

Path report- colon- splenic flexure biopsy - Invasive moderately differentiated adenocarcinoma. Seen by General surgery for consultation on 7/18/17. Recommended CT scan of chest/abdomen/ pelvis with contrast for staging work up and cardiac risk stratification prior to Robotic assisted laproscopic left hemicolectomy. Please review and approve. Thank you.

Enrolled in Chronic Care Clinic(s)?ClinicChronic ConditionCodeLast Visit

Good

Hyperlipidemia

WHV

09/26/2016

Current Active Medications:Start DateStop DateMedication NameSig Desc

09/26/2016 09/26/2017 Dulcolax (bisacodyl) 5 mg tablet, delayed release Take 1 at bedtime as needed for

NAME: Pope, Aisha K

NUMBER: 228305

D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Samantha L. Tipton (07/20/2017 7:50 AM) 07/21/2017 9:39 AM**

constipation(while on Rx Iron pill). (kite for refills).

09/26/2016 09/26/2017 Ecotrin Low Strength 81 mg tablet,enteric coated Take 1 by mouth once daily

09/26/2016 09/26/2017 ferrous sulfate 325 mg (65 mg iron) tablet,delayed release take one by mouth three times per day

09/26/2016 09/26/2017 Ocean Nasal 0.65 % spray aerosol 1-2 sprays to each nostril tid prn. (allergy season)(kite for refills).

09/26/2016 09/26/2017 Pravachol 40 mg tablet Take one by mouth at bedtime

03/07/2017 09/07/2017 diphenhydramine 50 mg capsule Tabs 2 po Qhs

03/07/2017 09/07/2017 trazodone 50 mg tablet Take 1 by mouth at bedtime or she can refuse

03/22/2017 09/22/2017 Lamictal 100 mg tablet take one by mouth at bedtime with the 50mg

03/22/2017 09/22/2017 Lamictal 25 mg tablet 2 qhs with the 100mg

03/22/2017 09/22/2017 Prozac 10 mg capsule 1 at hs with the 20mg

03/22/2017 09/22/2017 Prozac 20 mg capsule Take one by mouth at bedtime

05/09/2017 05/09/2018 betamethasone valerate 0.1 % topical cream apply topically to affected area twice per day 15 gm kite for RF

05/09/2017 05/09/2018 propranolol 10 mg tablet on half tablet bid for prevention of headache Take every day

06/21/2017 06/21/2018 Tums 200 mg calcium (500 mg) chewable tablet Take one PO three times a day as needed

07/18/2017 07/23/2017 Tylenol-Codeine #3 300 mg-30 mg tablet one po bid prn pain- cancer patient for 5 days

Site Medical Provider: Shanthi Gopal MD

07/20/2017

(For UM use only)**Criteria Source: M & R Interqual Other****Criteria met: Yes X No Deferred****Reviewer comments: cardiology consult for pre-op clearance****Recommendation for visit appointment:****# Visits:****UM Review #:****Reviewer Name: Papendick, Keith, MD****Date Reviewed: 07/20/2017**

NAME: Pope, Aisha K
 NUMBER: 228305
 D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 07/26/2017 9:49 AM
 VISIT TYPE: Provider Visit-scheduled

Chief Complaint/Reason for visit:

This 45 year old female presents with anemia and new diagnosis of colon cancer.

History of Present Illness

1. anemia
2. new diagnosis of colon cancer

Patient very argumentative and rude during her interview with me stating I was not addressing her health care needs at all. I was trying to explain to her what has been done so far about her cancer diagnosis and moving what will be done moving forward. She did not want to listen and kept arguing. Nurse Kilgore, PA Rohrs and Ms Ball all were her in the hallway during my interview with her. She was escorted out the office because of inappropriate behavior. I will reschedule her visit.

Chronic Problems

Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Tums needed	200 Mg Calcium	(500 Mg)	150 Take one PO three times a day as
Betamethasone Valerate 15 gm kite for RF	0.1 %	0	apply topically to affected area twice per day
Propranolol Hcl Take every day	10 Mg	30	on half tablet bid for prevention of headache
Prozac	10 Mg	30	1 at hs with the 20mg
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Lamictal	25 Mg	60	2 qhs with the 100mg
Prozac	20 Mg	30	Take one by mouth at bedtime
Trazodone Hcl refuse	50 Mg	30	Take 1 by mouth at bedtime or she can
Diphenhydramine Hcl	50 Mg	60	Tab 2 po Qhs
Ocean season)(kite for refills).	0.65 %	1	1-2 sprays to each nostril tid prn. (allergy
Ecotrin	81 Mg	30	Take 1 by mouth once daily
Dulcolax constipation(while on Rx Iron pill). (kite for refills).	5 Mg	30	Take 1 at bedtime as needed for
Pravachol	40 Mg	30	Take one by mouth at bedtime
Ferrous Sulfate	325 Mg (65 Mg Iron)		90 take one by mouth three times per day

Allergies

<u>Allergen/Ingredient</u>	<u>Brand</u>	<u>Reaction:</u>
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

Pope, Aisha
228305

Vital Signs

<u>Date</u>	<u>Time</u>	<u>Height</u>	<u>Weight</u>	<u>Temp</u>	<u>Bp</u>	<u>Pulse</u>	<u>Resp.</u>	<u>Pulse Ox Rest</u>	<u>Pulse Ox Amb</u>
07/26/2017	9:49 AM		168.0	98.3	114/69	70	18	100	

<u>FiO2</u>	<u>PeakFlow</u>	<u>Pain Score</u>	<u>Comments</u>

Measured By
Brionna M. Kilgore

Physical Exam

Assessment/ Plan

Medications ordered this visit

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication Name</u>	<u>Sig Desc</u>
07/26/2017	08/26/2017	Ultram 50 mg tablet	one po bid prn pain- cancer patient

Office Services

<u>Status</u>	<u>ApptDate</u>	<u>Timeframe</u>	<u>Order</u>	<u>Reason</u>	<u>!</u>
nterpretation Value					
ordered	08/02/2017		Provider Visit : anemia, colon cancer		

Document generated by: Shanthi Gopal, MD 07/26/2017 10:23 AM

Pope, Aisha
228305

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 08/04/2017 9:56 AM
 VISIT TYPE: Chronic Care Visit

Chief Complaint/Reason for visit:

This 45 year old female presents with anemia, colon cancer, heartburn, hyperlipidemia and headache.

History of Present Illness

1. anemia

Relevant medical history includes history of anemia. Associated symptoms include abdominal pain, constipation and shortness of breath. Pertinent negatives include bleeding gums, dark urine, jaundice, low blood pressure, nausea, tachycardia and vomiting.

2. colon cancer

Date of diagnosis was July 2017. Initial symptoms include blood in stool and constipation. She is also experiencing abdominal pain and headache. Pertinent negatives include anorexia, bone pain, bruising/bleeding, chest pain, chills, cough, fever, increased thirst and insomnia. Additional information: new diagnosis

3. Heartburn

The symptoms are relieved by antacids and zantac.. Additional information: requesting zantac to be d/ced

4. Hyperlipidemia

Patient compliance with diet is good, with exercise is good, with medication is good and with follow up is good. Reasons for screening include alcohol use and tobacco use. Pertinent negatives include abdominal pain, myalgias, myopathy, myositis or rash.

5. headache

Additional comments:

controlled with tylenol .

patient dose not want to take propranolol for prophylaxis.

will discontinue..

Chronic Problems

Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Tums	200 Mg Calcium (500 Mg)	150	Take one PO three times a day as needed
Betamethasone Valerate	0.1 %	0	apply topically to affected area twice per day
15 gm kite for RF			
Prozac	10 Mg	30	1 at hs with the 20mg
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Lamictal	25 Mg	60	2 qhs with the 100mg
Prozac	20 Mg	30	Take one by mouth at bedtime
Trazodone Hcl	50 Mg	30	Take 1 by mouth at bedtime or she can refuse
Diphenhydramine Hcl	50 Mg	60	Tabs 2 po Qhs
Ecotrin	81 Mg	30	Take 1 by mouth once daily
Ocean	0.65 %	1	1-2 sprays to each nostril tid prn. (allergy season)(kite for refills).

Pope, Aisha
228305
[REDACTED]

Dulcolax	5 Mg	30	Take 1 at bedtime as needed for
constipation(while on Rx Iron pill). (kite for refills).			
Pravachol	40 Mg	30	Take one by mouth at bedtime

Allergies

<u>Allergen/Ingredient</u>	<u>Brand</u>	<u>Reaction:</u>
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

Review of Systems**Constitutional:**

Negative for lethargy and weight loss.

HEENT:

Positive for:

- Nasal congestion.

Negative for sinusitis.

Cardiovascular:

Negative for chest pain and irregular heartbeat/palpitations.

Genitourinary:

Negative for change in urine color and hematuria.

Dermatologic:

Negative for pruritus and rash.

Vital Signs

<u>Date</u>	<u>Time</u>	<u>Height</u>	<u>Weight</u>	<u>Temp</u>	<u>Bp</u>	<u>Pulse</u>	<u>Resp.</u>	<u>Pulse Ox Rest</u>	<u>Pulse Ox Amb</u>
08/04/2017	12:08 PM	63.0	168.0	97.4	120/82	84	14	97	

<u>FiO2</u>	<u>PeakFlow</u>	<u>Pain Score</u>	<u>Comments</u>	<u>Measured By</u>
21		/10		Shanthi Gopal, MD

Physical Exam**Constitutional:**

No acute distress. Well nourished. Well developed.

Head / Face: Normocephalic.

Eyes: Pupils are equal and reactive to light. Conjunctiva and lids are normal.

Ears: Hearing grossly intact. Tympanic membranes normal.

Nose / Mouth / Throat:

External Nose: is unremarkable

Buccal Mucosa: Normal buccal mucosa

Oropharynx: No pharyngeal erythema or exudates or mucosal lesion

Neck / Thyroid: Supple, without adenopathy, or enlarged thyroid.

Respiratory:

Chest can be described as symmetric. Lungs clear to auscultation.

Cardiovascular:

Heart Sounds: NL S1, NL S2.

Rate and Rhythm: Heart rate is regular rate. Rhythm is regular.

No edema is present.

Abdomen:

Symmetric - no distention. Bowel sounds present, no bruits. Soft, nontender, no organomegaly.

There is no abdominal tenderness.

Extremities: Extremities appear normal. No edema or cyanosis.

Neurological:

Level of Consciousness: Normal.

Pope, Aisha
228305

Orientation: Alert and oriented x 3. Grossly normal intellect. .

Memory: Intact. .

Sensory: No sensory loss. .

Motor: No motor weakness. .

Balance & Gait: Balance and gait intact. .

Coordination: Coordination intact. .

Assessment/ Plan

Hyperlipidemia NEC/NOS (272.4), Good.

- LDL- 146 On 5/24/17

Anemia (285.9)

- Hemoglobin- 10.1- 7/201/7 feso4 changes to bid per patient request. serum iron normal 5/24/17

Neoplasm, Malignant, colon (153)

- newly diagnosed. July 2017

Migraine (346)- on tylenol prn. will d/c propranolol per patient request

- on tylenol prn. will d/c propranolol per patient request

Heartburn (787.1)

- TUMS d/c zantac per patient request

Plan comments: Path report- colon- splenic flexure biopsy - Invasive moderately differentiated adenocarcinoma. awaiting CT scan of abd, pelvis and cardiology clearance prior to submitting approval for robotic colectomy procedure.

wheel chair for distance, no prolonged standing,

choices paperwork filed.

Medical status papers filed.

return to health care if any concerns.

f/u scheduled.

Medications ordered this visit

Start Date	Stop Date	Medication Name	Sig Desc
08/04/2017	08/04/2018	Tylenol 325 mg tablet	1-2 po tid prn pain
08/04/2017	08/04/2018	ferrous sulfate 325 mg (65 mg iron) tablet, delayed release	Take 1 by mouth 2 times a day
08/04/2017	11/04/2017	Ultram 50 mg tablet	one po bid prn pain- cancer patient
08/04/2017	08/04/2017	naproxen 500 mg tablet	take one tablet twice a day as needed

Medications stopped this visit

Start Date	Stop Date	Medication	Dose	Sig Desc
08/04/2017	08/04/2017	Naproxen	500 Mg	take one tablet twice a day as needed
07/26/2017	08/04/2017	Ultram	50 Mg	one po bid prn pain- cancer patient
05/09/2017	08/04/2017	Propranolol Hcl day	10 Mg	on half tablet bid for prevention of headache Take every
09/26/2016	08/04/2017	Ferrous Sulfate	325 Mg (65 Mg Iron)	take one by mouth three times per day

Office Services

Status	ApptDate	Timeframe	Order	Reason	!
interpretation Value					
ordered			Medical Equipment/Supplies: Wheelchair- distance		
ordered			Other: prolonged standing no more than 5 min		
ordered	11/15/2017		Provider Visit : colon cancer/anemia		

Instructions / Education

Status	Completed	Order	Reason
completed	08/04/2017	Continue current medication	
completed	08/04/2017	Reviewed medications	

Pope, Aisha

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3/4

Pope-CLG-MDOC-000340

completed	08/04/2017	Take new medication as prescribed
completed	08/04/2017	Increase fluid intake
completed	08/04/2017	Increase activity level
completed	08/04/2017	Patient was reassured
completed	08/04/2017	Patient education provided and patient voiced understanding

Document generated by: Shanthi Gopal, MD 08/04/2017 12:42 PM

Pope, Aisha

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4/4

Pope-CLG-MDOC-000341

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 08/11/2017 4:24 PM
 VISIT TYPE: Chart Update

Chief Complaint/Reason for visit:

This 45 year old female presents with chart review.

History of Present Illness**1. Chart Review**

Additional comments:

CT scan aof abdomen pelvis with contrast done on 8/9/17 report reviewed.

Impression-

no findings of metastatic disease in chest. abdomen, pelvis
 enlarged heterogenous uterus likely due to fibroid

Chronic Problems

Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Prozac	20 Mg	30	Take one by mouth at bedtime
Lamictal	25 Mg	60	2 qhs with the 100mg
Diphenhydramine Hcl	50 Mg	60	Tabs 2 po Qhs
Trazodone Hcl	50 Mg	30	Take 1 by mouth at bedtime or she can
refuse			
Prozac	10 Mg	30	1 at hs with the 20mg
Zyprexa	2.5 Mg	60	2qhs or 1 qhs if she requests
Ferrous Sulfate	325 Mg (65 Mg Iron)	90	Take 1 by mouth 2 times a day
Ultram	50 Mg	60	one po bid prn pain- cancer patient
Tums	200 Mg Calcium (500 Mg)	150	Take one PO three times a day as
needed			
Betamethasone Valerate	0.1 %	0	apply topically to affected area twice per day
15 gm kite for RF			
Ecotrin	81 Mg	30	Take 1 by mouth once daily
Ocean	0.65 %	1	1-2 sprays to each nostril tid prn. (allergy
season)(kite for refills).			
Pravachol	40 Mg	30	Take one by mouth at bedtime
Dulcolax	5 Mg	30	Take 1 at bedtime as needed for
constipation(while on Rx Iron pill). (kite for refills).			

Allergies

Allergen/Ingredient
 Propoxyphene

Brand
 Darvocet

Reaction:

Pope, Aisha
 228305
 [REDACTED]

Penicillins

Acetaminophen

Metronidazole

Davocet

Itch

Physical Exam

Document generated by: Shanthi Gopal, MD 08/11/2017 4:26 PM

Pope, Aisha

228305

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Pope-CLG-MDOC-000365

Vital Signs

Date	Time	Height	Weight	Temp	Bp	Pulse	Resp.	Pulse Ox Rest	Pulse Ox Amb
08/22/2017	11:18 AM	63.0	172.0	97.0	106/78	76	14	98	

FiO2	PeakFlow	Pain Score	Comments
21			

Measured By
Shanthi Gopal, MD

Physical Exam**Constitutional:**

Level of distress is awake & alert, no acute distress.

Head / Face: Normocephalic.

Eyes: Pupils are equal and reactive to light. Conjunctiva and lids are normal.

Nose / Mouth / Throat:

External Nose: is unremarkable

Buccal Mucosa: Normal buccal mucosa

Oropharynx: No pharyngeal erythema or exudates or mucosal lesion

Abdomen:

Symmetric - no distention. Bowel sounds present, no bruits. Soft, nontender, no organomegaly. There is no abdominal tenderness.

Extremities: Extremities appear normal. No edema or cyanosis.

Neurological:

Level of Consciousness: Normal.

Orientation: Alert and oriented X 3. Grossly normal intellect. .

Memory: Intact. .

Balance & Gait: Balance and gait intact. .

Assessment/ Plan

Neoplasm, Malignant, colon (153)

Anemia (285.9)

- 7/20/17 Hemoglobin 10.1

Blood in stool (578.1)

- sec to colon cancer

CT SCAN of chest abdomen and pelvis no metastasis- 8/9/17
recheck hemoglobin.

d/c ultram

tylenol # 3 prn pain.continue naproxen prn

patient is awaiting to see cardiology- clearance for surgery

return to health care if any concerns.

f/u scheduled.

Medications ordered this visit

Start Date	Stop Date	Medication Name	Sig Desc
08/22/2017	02/22/2018	Tylenol-Codeine #3 300 mg-30 mg tablet	RESTRICT- one tab tid prn pain-choices patient

Medications stopped this visit

Start Date	Stop Date	Medication	Dose	Sig Desc
08/04/2017	08/22/2017	Ultram	50 Mg	one po bid prn pain- cancer patient

Office Services

Status	ApptDate	Timeframe	Order	Reason
nterpretation Value				
ordered			Other: medline am, noon and pm	

Instructions / Education

Status	Completed	Order	Reason

Pope, Aisha

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2/3

Pope-CLG-MDOC-000376

completed	08/22/2017	Reviewed medications
completed	08/22/2017	Stop current medication(s)
completed	08/22/2017	Take new medication as prescribed
completed	08/22/2017	Increase fluid intake
completed	08/22/2017	Patient was reassured
completed	08/22/2017	Patient education provided and patient voiced understanding

Lab Studies

<u>Status</u>	<u>Lab Code</u>	<u>Lab Study</u>	<u>Timeframe</u>	<u>Date</u>
	<u>Comments</u>			
ordered	CBC2	CBC with Differential, Platelets		08/24/2017

Document generated by: Shanthi Gopal, MD 08/22/2017 11:20 AM

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 08/28/2017 7:29 AM
 VISIT TYPE: Chart Update

Chief Complaint/Reason for visit:

This 45 year old female presents with chart review.

History of Present Illness**1. Chart Review**

Additional comments:

hemoglobin 9.0 on 8/25/17

will recheck in one week

patient is allergic to tylenol per records.

I will start her on MSContin for pain

Chronic Problems

Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Naproxen	500 Mg	60	take one tablet twice a day as needed- take
with food			
Diphenhydramine Hcl	50 Mg	60	Tab 2 po Qhs
Trazodone Hcl	50 Mg	30	Take 1 by mouth at bedtime or she can
refuse			
Prozac	20 Mg	30	Take one by mouth at bedtime
Lamictal	25 Mg	60	2 qhs with the 100mg
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Prozac	10 Mg	30	1 at hs with the 20mg
Zyprexa	2.5 Mg	60	2qhs or 1 qhs if she requests
Ferrous Sulfate	325 Mg (65 Mg Iron)	90	Take 1 by mouth 2 times a day
Tums	200 Mg Calcium (500 Mg)	150	Take one PO three times a day as
needed			
Betamethasone Valerate	0.1 %	0	apply topically to affected area twice per day
15 gm kite for RF			
Pravachol	40 Mg	30	Take one by mouth at bedtime
Dulcolax	5 Mg	30	Take 1 at bedtime as needed for
constipation(while on Rx Iron pill). (kite for refills).			
Ecotrin	81 Mg	30	Take 1 by mouth once daily
Ocean	0.65 %	1	1-2 sprays to each nostril tid prn. (allergy
season)(kite for refills).			

Allergies

<u>Allergen/Ingredient</u>	<u>Brand</u>	<u>Reaction:</u>
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

Pope, Aisha

228305

1/2

Pope-CLG-MDOC-000386

Physical Exam

Medications ordered this visit

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication Name</u>	<u>Sig Desc</u>
08/28/2017	09/28/2017	MS Contin 15 mg tablet,extended release	one tab every 12 hrs prn pain
08/28/2017	08/28/2017	MS Contin 15 mg tablet,extended release	one tab po bid prn pain

Medications stopped this visit

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication</u>	<u>Dose</u>	<u>Sig Desc</u>
08/28/2017	08/28/2017	Ms Contin	15 Mg	one tab po bid prn pain

Document generated by: Shanthi Gopal, MD 08/28/2017 2:52 PM

Pope, Aisha
228305

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 09/01/2017 12:51 PM
 VISIT TYPE: Chart Update

Chief Complaint/Reason for visit:

This 45 year old female presents with chart review.

History of Present Illness

1. Chart Review

Additional comments:

reviewed 409 from cardiology consultation.

recommended lexiscan stress test.

if stress test is low risk you are acceptable cardiac risk for surgery

prior to stress test-

NPO 4 hours prior to test

do not drink caffeinated or decaffeinated beverages -

24 hours prior to test.

Chronic Problems

Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Ms Contin	15 Mg	60	one tab every 12 hrs
Ultram	50 Mg	20	One tab twice daily as needed until MS
Contin available then stop- Choices patient			
Naproxen	500 Mg	60	take one tablet twice a day as needed- take
with food			
Diphenhydramine Hcl	50 Mg	60	Tabs 2 po Qhs
Lamictal	25 Mg	60	2 qhs with the 100mg
Prozac	20 Mg	30	Take one by mouth at bedtime
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Trazodone Hcl	50 Mg	30	Take 1 by mouth at bedtime or she can
refuse			
Prozac	10 Mg	30	1 at hs with the 20mg
Zyprexa	2.5 Mg	60	2qhs or 1 qhs if she requests
Ferrous Sulfate	325 Mg (65 Mg Iron)	90	Take 1 by mouth 2 times a day
Tums	200 Mg Calcium (500 Mg)	150	Take one PO three times a day as
needed			
Betamethasone Valerate	0.1 %	0	apply topically to affected area twice per day
15 gm kite for RF			
Dulcolax	5 Mg	30	Take 1 at bedtime as needed for
constipation(while on Rx Iron pill). (kite for refills).			
Pravachol	40 Mg	30	Take one by mouth at bedtime
Ecotrin	81 Mg	30	Take 1 by mouth once daily
Ocean	0.65 %	1	1-2 sprays to each nostril tid prn. (allergy

Pope, Aisha

228305

Allergies

Allergen/Ingredient

Brand

Reaction:

Propoxyphene

Darvocet

Penicillins

Itch

Acetaminophen

Davocet

Metronidazole

Physical Exam

Assessment/ Plan

Neoplasm, Malignant, colon (153)

Chest Pain (786.50)

Document generated by: Shanthi Gopal, MD 09/01/2017 1:13 PM

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Shanthi Gopal, MD 09/01/2017 12:51 PM****Patient: Aisha Pope****ID#: 228305****DOB:** [REDACTED]

Off-site

Routine

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):

MDOC

Reference #:

Date of Request: 09/01/2017

For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.

Procedure/Test Requested: Lexiscan Myocardial perfusion imaging stress test**Specialty Service Requested:** Cardiology**Presumed Diagnosis:**

Neoplasm, Malignant, colon

153

Chest Pain

786.50

Signs & Symptoms:**Date of Onset:**

45 yr old female with iron deficiency anemia recently noticed blood in stool. FOBT testing was positive. c/o abdominal pain and cramps. no c/o vaginal bleeding. no c/o hematuria. no changes in Bowel habits. No weight loss. Hemoglobin 10.8 gm down for 11.5 on 3/29/17. Colonoscopy done on 7/5/17 showed a large polyp, ulcerated likely at the splenic flexure area at about 60 cm from the anal verge, a difficult site and suspicious for malignancy.

Lab & Xray Data

Path report- colon- splenic flexure biopsy - Invasive moderately differentiated adenocarcinoma. Seen by General surgery for consultation on 7/18/17. Recommended CT scan of chest/abdomen/ pelvis with contrast for staging work up and cardiac risk stratification prior to Robotic assisted laproscopic left hemicolectomy. Cardiology consultation was completed on 8/31/17. recommended to obtain lexiscan myocardial perfusion stress test and if negative no further cardiac evaluation is needed.

Failed Outpatient Therapies:

Please review and approve. Thank you.

Enrolled in Chronic Care Clinic(s)?

<u>Clinic</u>	<u>Chronic Condition</u>
Good	Hyperlipidemia

<u>Code</u>	<u>Last Visit</u>
WHV	09/26/2016

Current Active Medications:

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication Name</u>	<u>Sig Desc</u>
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NAME: Pope, Aisha K
NUMBER: 228305
D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Shanthi Gopal, MD 09/01/2017 12:51 PM**

09/26/2016 09/26/2017 Dulcolax (bisacodyl) 5 mg tablet, delayed release Take 1 at bedtime as needed for constipation (while on Rx Iron pill). (kite for refills).

09/26/2016 09/26/2017 Ecotrin Low Strength 81 mg tablet, enteric coated Take 1 by mouth once daily

09/26/2016 09/26/2017 Ocean Nasal 0.65 % spray aerosol 1-2 sprays to each nostril tid prn. (allergy season) (kite for refills).

09/26/2016 09/26/2017 Pravachol 40 mg tablet Take one by mouth at bedtime

05/09/2017 05/09/2018 betamethasone valerate 0.1 % topical cream apply topically to affected area twice per day 15 gm kite for RF

06/21/2017 06/21/2018 Tums 200 mg calcium (500 mg) chewable tablet Take one PO three times a day as needed

08/04/2017 08/04/2018 ferrous sulfate 325 mg (65 mg iron) tablet, delayed release Take 1 by mouth 2 times a day

08/09/2017 12/09/2017 Zyprexa 2.5 mg tablet 2qhs or 1 qhs if she requests

08/09/2017 02/09/2018 diphenhydramine 50 mg capsule Tabs 2 po Qhs

08/09/2017 02/09/2018 Lamictal 100 mg tablet take one by mouth at bedtime with the 50mg

08/09/2017 02/09/2018 Lamictal 25 mg tablet 2 qhs with the 100mg

08/09/2017 02/09/2018 Prozac 10 mg capsule 1 at hs with the 20mg

08/09/2017 02/09/2018 Prozac 20 mg capsule Take one by mouth at bedtime

08/09/2017 02/09/2018 trazodone 50 mg tablet Take 1 by mouth at bedtime or she can refuse

08/18/2017 08/18/2018 naproxen 500 mg tablet take one tablet twice a day as needed- take with food

08/30/2017 09/11/2017 Ultram 50 mg tablet One tab twice daily as needed until MS Contin available then stop- Choices patient

08/30/2017 09/30/2017 MS Contin 15 mg tablet, extended release one tab every 12 hrs

Site Medical Provider: Shanthi Gopal MD 09/01/2017

(For UM use only)

Criteria Source:	M & R	Interqual	Other
Criteria met:	Yes	No	Deferred

Reviewer comments:**Recommendation for visit appointment:****# Visits:****UM Review #:****Reviewer Name:****Date Reviewed:**


NAME: Pope, Aisha K
NUMBER: 228305
D.O.B.: [REDACTED]

**MICHIGAN DEPARTMENT OF CORRECTIONS
CONSULTATION**

SITE: WHV

COMPLETED BY: Shanthi Gopal, MD 09/01/2017 12:51 PM

Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.

NAME: Pope, Aisha K
NUMBER: 228305
D.O.B.: 

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Kaelynn R. Pfeil (09/01/2017 12:51 PM) 09/06/2017 11:08 AM****Patient: Aisha Pope****ID#: 228305****DOB:** [REDACTED]

Off-site

Reference #: 00653865

Routine

Date of Request: 09/01/2017

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):

MDOC

For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.

Procedure/Test Requested: Lexiscan Myocardial perfusion imaging stress test**Specialty Service Requested:** Cardiology**Presumed Diagnosis:**

Neoplasm, Malignant, colon

153

Chest Pain

786.50

Signs & Symptoms:**Date of Onset:**

45 yr old female with iron deficiency anemia recently noticed blood in stool. FOBT testing was positive. c/o abdominal pain and cramps. no c/o vaginal bleeding. no c/o hematuria. no changes in Bowel habits. No weight loss. Hemoglobin 10.8 gm down for 11.5 on 3/29/17. Colonoscopy done on 7/5/17 showed a large polyp, ulcerated likely at the splenic flexure area at about 60 cm from the anal verge, a difficult site and suspicious for malignancy.

Lab & Xray Data

Path report- colon- splenic flexure biopsy - Invasive moderately differentiated adenocarcinoma. Seen by General surgery for consultation on 7/18/17. Recommended CT scan of chest/abdomen/ pelvis with contrast for staging work up and cardiac risk stratification prior to Robotic assisted laproscopic left hemicolectomy. Cardiology consultation was completed on 8/31/17. recommended to obtain lexiscan myocardial perfusion stress test and if negative no further cardiac evaluation is needed.

Failed Outpatient Therapies:

Please review and approve. Thank you.

Enrolled in Chronic Care Clinic(s)?

<u>Clinic</u>	<u>Chronic Condition</u>
Good	Hyperlipidemia

<u>Code</u>	<u>Last Visit</u>
WHV	09/26/2016

Current Active Medications:

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication Name</u>

<u>Sig</u>	<u>Desc</u>

NAME: Pope, Aisha K
NUMBER: 228305
D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV

COMPLETED BY: Kaelynn R. Pfeil (09/01/2017 12:51 PM) 09/06/2017 11:08 AM

09/26/2016 09/26/2017 Dulcolax (bisacodyl) 5 mg tablet, delayed release Take 1 at bedtime as needed for constipation (while on Rx Iron pill). (kite for refills).

09/26/2016 09/26/2017 Ecotrin Low Strength 81 mg tablet, enteric coated Take 1 by mouth once daily

09/26/2016 09/26/2017 Ocean Nasal 0.65 % spray aerosol 1-2 sprays to each nostril tid prn. (allergy season) (kite for refills).

09/26/2016 09/26/2017 Pravachol 40 mg tablet Take one by mouth at bedtime

05/09/2017 05/09/2018 betamethasone valerate 0.1 % topical cream apply topically to affected area twice per day 15 gm kite for RF

06/21/2017 06/21/2018 Tums 200 mg calcium (500 mg) chewable tablet Take one PO three times a day as needed

08/04/2017 08/04/2018 ferrous sulfate 325 mg (65 mg iron) tablet, delayed release Take 1 by mouth 2 times a day

08/09/2017 12/09/2017 Zyprexa 2.5 mg tablet 2qhs or 1 qhs if she requests

08/09/2017 02/09/2018 diphenhydramine 50 mg capsule Tabs 2 po Qhs

08/09/2017 02/09/2018 Lamictal 100 mg tablet take one by mouth at bedtime with the 50mg

08/09/2017 02/09/2018 Lamictal 25 mg tablet 2 qhs with the 100mg

08/09/2017 02/09/2018 Prozac 10 mg capsule 1 at hs with the 20mg

08/09/2017 02/09/2018 Prozac 20 mg capsule Take one by mouth at bedtime

08/09/2017 02/09/2018 trazodone 50 mg tablet Take 1 by mouth at bedtime or she can refuse

08/18/2017 08/18/2018 naproxen 500 mg tablet take one tablet twice a day as needed- take with food

08/30/2017 09/11/2017 Ultram 50 mg tablet One tab twice daily as needed until MS Contin available then stop- Choices patient

08/30/2017 09/30/2017 MS Contin 15 mg tablet, extended release one tab every 12 hrs

Site Medical Provider: Shanthi Gopal MD 09/01/2017

(For UM use only)

Criteria Source: M & R Interqual Other

Criteria met: Yes X No Deferred

Reviewer comments: Lexiscan stress test with cardiolite imaging.

Recommendation for visit appointment:

Visits:

UM Review #:

Reviewer Name: Papendick, Keith, MD

NAME: Pope, Aisha K

NUMBER: 228305

D.O.B.: [REDACTED]

**MICHIGAN DEPARTMENT OF CORRECTIONS
CONSULTATION**

SITE: WHV

COMPLETED BY: Kaelynn R. Pfeil (09/01/2017 12:51 PM) 09/06/2017 11:08 AM

Date Reviewed: 09/06/2017

Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.

NAME: Pope, Aisha K
NUMBER: 228305
D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 09/29/2017 2:07 PM
 VISIT TYPE: Chart Update

Chief Complaint/Reason for visit:

This 45 year old female presents with chart review.

History of Present Illness**1. Chart Review**

Additional comments:

RN reports inmate c/o menses nad rectal bleeding with pain - worried about her blood loss - will do CBC - Hg has been getting lower. HAd

Chronic Problems

Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

Drug Name	Dose	Qty	Description
Ms Contin	15 Mg	60	one tab every 12 hrs
Naproxen	500 Mg	60	take one tablet twice a day as needed- take with food
Diphenhydramine Hcl	50 Mg	60	Tabs 2 po Qhs
Lamictal	25 Mg	60	2 qhs with the 100mg
Prozac	20 Mg	30	Take one by mouth at bedtime
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Trazodone Hcl	50 Mg	30	Take 1 by mouth at bedtime or she can refuse
Prozac	10 Mg	30	1 at hs with the 20mg
Zyprexa	2.5 Mg	60	2qhs or 1 qhs if she requests
Ferrous Sulfate	325 Mg (65 Mg Iron)	90	Take 1 by mouth 2 times a day
Tums	200 Mg Calcium (500 Mg)	150	Take one PO three times a day as needed
Betamethasone Valerate	0.1 %	0	apply topically to affected area twice per day
15 gm kite for RF			

Allergies

Allergen/Ingredient	Brand	Reaction:
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

Vital Signs

Date	Time	Height	Weight	Temp	Bp	Pulse	Resp.	Pulse Ox Rest	Pulse Ox Amb
09/29/2017	1:54 PM			97.9	129/79	85	18	99	

FiO2 PeakFlow Pain Score Comments

Measured By

Pope, Aisha
228305

1/2

Pope-CLG-MDOC-000414

**MICHIGAN DEPARTMENT OF CORRECTIONS
BUREAU OF HEALTH CARE SERVICES**

ADMINISTRATIVE NOTE

PATIENT: Pope, Aisha
DATE OF BIRTH: [REDACTED]
ENCOUNTER DATE: 10/09/2017 3:22 PM
COMPLETED BY: Katherine J. Battle
LOCATION: WHV

Issue

Please review: " MI Heart IHA Cardiology letter dated 10-04-17 stating Patient is cleared by IHA MI Heart Cardiology Dr. , for her surgery" A copy in MR chart and also a copy hand delivered to MSP.

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Shanthi Gopal, MD 10/10/2017 1:21 PM****Patient: Aisha Pope****ID#: 228305****DOB:**

Off-site

Routine

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):

MDOC

Reference #:

Date of Request: 10/10/2017

For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.

Procedure/Test Requested: Robotic assisted laparoscopic left hemicolectomy**Specialty Service Requested:** General Surgery**Presumed Diagnosis:**

Neoplasm, Malignant, colon

153

Signs & Symptoms:**Date of Onset:**

45 yr old female with iron deficiency anemia recently noticed blood in stool. FOBT testing was positive. c/o abdominal pain and cramps. no c/o vaginal bleeding. no c/o hematuria. no changes in Bowel habits. No weight loss. Hemoglobin 10.8 gm down for 11.5 on 3/29/17. Colonoscopy done on 7/5/17 showed a large polyp, ulcerated likely at the splenic flexure area at about 60 cm from the anal verge, a difficult site and suspicious for malignancy.

Lab & Xray Data

Path report- colon- splenic flexure biopsy - Invasive moderately differentiated adenocarcinoma. Seen by General surgery for consultation on 7/18/17. Recommended CT scan of chest/abdomen/ pelvis with contrast for staging work up and cardiac risk stratification prior to Robotic assisted laproscopic left hemicolectomy. Cardiology consultation was completed on 8/31/17. Patient had lexiscan myocardial perfusion stress test negative. Subsequently cardiology has cleared her for procedure.-

Failed Outpatient Therapies:

no cardiac contraindications to proceed with necessary noncardiac surgery. Please review and approve for Robotic assisted laparoscopic left hemicolectomy. Thank you.

Enrolled in Chronic Care Clinic(s)?

<u>Clinic</u>	<u>Chronic Condition</u>
Good	Hyperlipidemia

<u>Code</u>	<u>Last Visit</u>
WHV	09/26/2016

Current Active Medications:

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication Name</u>	<u>Sig Desc</u>
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NAME: Pope, Aisha K
NUMBER: 228305
D.O.B.: [REDACTED]

**MICHIGAN DEPARTMENT OF CORRECTIONS
CONSULTATION**

SITE: WHV

COMPLETED BY: Shanthi Gopal, MD 10/10/2017 1:21 PM

05/09/2017 05/09/2018 betamethasone valerate 0.1 % topical cream apply topically to affected area twice per day 15 gm kite for RF

06/21/2017 06/21/2018 Tums 200 mg calcium (500 mg) chewable tablet Take one PO three times a day as needed

08/04/2017 08/04/2018 ferrous sulfate 325 mg (65 mg iron) tablet, delayed release Take 1 by mouth 2 times a day

08/09/2017 12/09/2017 Zyprexa 2.5 mg tablet 2qhs or 1 qhs if she requests

08/09/2017 02/09/2018 diphenhydramine 50 mg capsule Tabs 2 po Qhs

08/09/2017 02/09/2018 Lamictal 100 mg tablet take one by mouth at bedtime with the 50mg

08/09/2017 02/09/2018 Lamictal 25 mg tablet 2 qhs with the 100mg

08/09/2017 02/09/2018 Prozac 10 mg capsule 1 at hs with the 20mg

08/09/2017 02/09/2018 Prozac 20 mg capsule Take one by mouth at bedtime

08/09/2017 02/09/2018 trazodone 50 mg tablet Take 1 by mouth at bedtime or she can refuse

08/18/2017 08/18/2018 naproxen 500 mg tablet take one tablet twice a day as needed- take with food

09/18/2017 10/19/2017 MS Contin 15 mg tablet, extended release one tab every 12 hrs

Site Medical Provider: Shanthi Gopal MD 10/10/2017

(For UM use only)

Criteria Source: M & R	Interqual	Other
Criteria met: Yes No	Deferred	

Reviewer comments:

Recommendation for visit appointment:

Visits:

UM Review #:

Reviewer Name:

Date Reviewed:

Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.

NAME: Pope, Aisha K
NUMBER: 228305
D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS

NURSE PROTOCOL

SITE: WHV

COMPLETED BY: Kelly M. Lichner, RN 10/11/2017 12:23 AM

Patient Name: Aisha Pope

DOB: [REDACTED]

ID#: 228305

Patient presenting with chief complaint(s) of: Gastrointestinal.

Vital Signs:

Date	Time	Temp	Pulse	Pattern	Resp	Pattern	BP	Sp O2	Peak Flow	Weight Lb
10/11/2017	12:30 AM	98.1	91		22		158/89	100		

EMERGENCY NURSING ABDOMINAL PAIN

Subjective:

Comments: Inmate states severe abdominal pain started about 40 min ago and increasingly getting worse. Pain is sharp. Started upper L L side and moved to upper middle abdomen.

Objective:

Distress moderate

Orientation alert

Skin exam warm

dry

Abdomen Exam

Auscultation Bowel sounds present.

Palpation

diffuse tenderness

Comments BP slightly elevated. Other VSS. A & O x3. Pain worse when pressed. Inmate crying and grabbing abdomen. IM was breathing heavy, but did regulate when she relaxed for a while.

Assessment: Abdominal pain

Plan:

Other Documentation

30cc of Mylanta given. 50mg of Tramadol given per pain for verbal orders from Dr. Pei. Inmate states Mylanta helped a little. Inmate stated the Tramadol helped and she would like to go to her unit. Inmate refused going to the infirmary for monitoring. Inmate states she feels better. Inmate walked out of HC w/o any issues. Breathing had returned to normal. No longer grabbing her abdomen or crying.

Notifications:

911/ambulance

Not indicated

Plan:

MEDICATIONS

Start	Stop	Medication	Dose	Rx Units	Issued Sig Desc
10/11/2017	10/11/2017	Ultram	50 Mg		1 use as directed

NAME: Pope, Aisha K
 NUMBER: 228305
 D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS

NURSE PROTOCOL

SITE: WHV

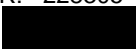
COMPLETED BY: Kelly M. Lichner, RN 10/11/2017 12:23 AM

ORDERS

<u>Status</u>	<u>Order</u>	<u>Reason</u>	<u>Date</u>
ordered	ULTRAM 50 mg TABLET		
completed	Return to Housing Unit		

Document generated by: Kelly M. Lichner, RN 10/11/2017 1:21 AM

Provider: Claire Pei MD

NAME: Pope, Aisha K
NUMBER: 228305
D.O.B.: 

Pope-CLG-MDOC-000431

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Kaelynn R. Pfeil (10/10/2017 1:21 PM) 10/16/2017 9:00 AM****Patient: Aisha Pope****ID#: 228305****DOB:** [REDACTED]

Off-site

Routine

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):

MDOC

Reference #: 00662874

Date of Request: 10/10/2017

For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.

Procedure/Test Requested: Robotic assisted laparoscopic left hemicolectomy**Specialty Service Requested:** General Surgery**Presumed Diagnosis:**

Neoplasm, Malignant, colon

153

Signs & Symptoms:**Date of Onset:**

45 yr old female with iron deficiency anemia recently noticed blood in stool. FOBT testing was positive. c/o abdominal pain and cramps. no c/o vaginal bleeding. no c/o hematuria. no changes in Bowel habits. No weight loss. Hemoglobin 10.8 gm down for 11.5 on 3/29/17. Colonoscopy done on 7/5/17 showed a large polyp, ulcerated likely at the splenic flexure area at about 60 cm from the anal verge, a difficult site and suspicious for malignancy.

Lab & Xray Data

Path report- colon- splenic flexure biopsy - Invasive moderately differentiated adenocarcinoma. Seen by General surgery for consultation on 7/18/17. Recommended CT scan of chest/abdomen/ pelvis with contrast for staging work up and cardiac risk stratification prior to Robotic assisted laproscopic left hemicolectomy. Cardiology consultation was completed on 8/31/17. Patient had lexiscan myocardial perfusion stress test negative. Subsequently cardiolgy has cleared her for procedure.-

Failed Outpatient Therapies:

no cardiac contraindications to proceed with necessary noncardiac surgery. Please review and approve for Robotic assisted laparoscopic left hemicolectomy. Thank you.

Enrolled in Chronic Care Clinic(s)?

<u>Clinic</u>	<u>Chronic Condition</u>
Good	Hyperlipidemia

<u>Code</u>	<u>Last Visit</u>
WHV	09/26/2016

Current Active Medications:

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication Name</u>	<u>Sig Desc</u>
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NAME: Pope, Aisha K
NUMBER: 228305
D.O.B.: [REDACTED]

**MICHIGAN DEPARTMENT OF CORRECTIONS
CONSULTATION**

SITE: WHV

COMPLETED BY: Kaelynn R. Pfeil (10/10/2017 1:21 PM) 10/16/2017 9:00 AM

05/09/2017 05/09/2018 betamethasone valerate 0.1 % topical cream apply topically to affected area twice per day 15 gm kite for RF

06/21/2017 06/21/2018 Tums 200 mg calcium (500 mg) chewable tablet Take one PO three times a day as needed

08/04/2017 08/04/2018 ferrous sulfate 325 mg (65 mg iron) tablet, delayed release Take 1 by mouth 2 times a day

08/09/2017 12/09/2017 Zyprexa 2.5 mg tablet 2qhs or 1 qhs if she requests

08/09/2017 02/09/2018 diphenhydramine 50 mg capsule Tabs 2 po Qhs

08/09/2017 02/09/2018 Lamictal 100 mg tablet take one by mouth at bedtime with the 50mg

08/09/2017 02/09/2018 Lamictal 25 mg tablet 2 qhs with the 100mg

08/09/2017 02/09/2018 Prozac 10 mg capsule 1 at hs with the 20mg

08/09/2017 02/09/2018 Prozac 20 mg capsule Take one by mouth at bedtime

08/09/2017 02/09/2018 trazodone 50 mg tablet Take 1 by mouth at bedtime or she can refuse

08/18/2017 08/18/2018 naproxen 500 mg tablet take one tablet twice a day as needed- take with food

09/18/2017 10/19/2017 MS Contin 15 mg tablet, extended release one tab every 12 hrs

Site Medical Provider: Shanthi Gopal MD 10/10/2017

(For UM use only)

Criteria Source: M & R Interqual Other
Criteria met: Yes X No Deferred

Reviewer comments: Approve laparoscopic or open surgery; the medical necessity of robot-assisted surgery is not demonstrated.

Recommendation for visit appointment:

Visits:

UM Review #:

Reviewer Name: Stacy, Sylvie, MD

Date Reviewed: 10/13/2017

Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If

NAME: Pope, Aisha K
NUMBER: 228305
D.O.B. [REDACTED]

**MICHIGAN DEPARTMENT OF CORRECTIONS
BUREAU OF HEALTH CARE SERVICES**

ADMINISTRATIVE NOTE

PATIENT: Pope, Aisha
DATE OF BIRTH: [REDACTED]
ENCOUNTER DATE: 10/20/2017 1:38 PM
COMPLETED BY: Katherine J. Battle
LOCATION: WHV

Issue

I am in process of obtaining the general surgery appt. from HF Allegiance General surgery Dr. Narkiewicz. Patient had a consult with Dr. Narkiewicz on 7-18-17 and he had requested a CT chest, ab & pelvis, a clearance by a cardiology dr. for surgery and labs. I had faxed all documents of the tests he requested be done prior to the surgery; labs, CT scan report, cardiology consult notes, stress test report, cardiology Dr. wanted done and the cardiology clearance letter along with order and auth letter on 10-16-17 to offsite general surgery office. I called them on 10-19-17 to find out status of appt. request and she asked me to refax the requested documents to her and she would put them on Dr.'s desk to review. I called them again on 10-20-17 to make sure all documents were received and "Danielle" said yes and they have been put on Dr.'s desk to review when he gets back from being off on 11-2-17.

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 10/24/2017 9:01 AM
 VISIT TYPE: Chronic Care Visit

Chief Complaint/Reason for visit:

This 45 year old female presents with headache, anemia, hyperlipiemia and cardiologist opinion.

History of Present Illness

1. headache

Additional comments:

8/4/17 patient was seen for headache. Please refer to that note for further details about this problem.

2. anemia

Additional comments:

8/4/17 patient was seen for anemia. Please refer to that note for further details about this problem.

10/9/17 hemoglobin 9.6. MCV normal . Serum iron low.

3. Hyperlipiemia

Additional comments:

8/4/17 patient was seen for lipid Please refer to that note for further details about this problem..

4. Cardiologist opinion

Additional comments:

discussed cardiology clearance for surgery with patient.

I also informed her her stress test was normal.

she verbalized understanding.

Chronic Problems

Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

Drug Name	Dose	Qty	Description
Ms Contin	15 Mg	60	one tab every 12 hrs prn, choice pt
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Prozac	20 Mg	30	Take one by mouth at bedtime
Lamictal	25 Mg	60	2 qhs with the 100mg
Diphenhydramine Hcl	50 Mg	60	Tabs 2 po Qhs
Prozac	10 Mg	30	1 at hs with the 20mg
Zyprexa	2.5 Mg	60	2qhs or 1 qhs if she requests
Ferrous Sulfate	325 Mg (65 Mg Iron)	90	Take 1 by mouth 2 times a day
Tums needed	200 Mg Calcium (500 Mg)	150	Take one PO three times a day as
Betamethasone Valerate 15 gm kite for RF	0.1 %	0	apply topically to affected area twice per day

Allergies

Allergen/Ingredient	Brand	Reaction:
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

Pope, Aisha
228305

Vital Signs

<u>Date</u>	<u>Time</u>	<u>Height</u>	<u>Weight</u>	<u>Temp</u>	<u>Bp</u>	<u>Pulse</u>	<u>Resp.</u>	<u>Pulse Ox Rest</u>	<u>Pulse Ox Amb</u>
10/24/2017	9:07 AM		191.0	97.1	120/69	87	16	99	

<u>FiO2</u>	<u>PeakFlow</u>	<u>Pain Score</u>	<u>Comments</u>

Measured By
Brionna M. Kilgore

Physical Exam**Assessment/ Plan**

patient request renewal of ice detail- renewed
patient also requested pain meds for break thro pain- ultram ordered

Medications ordered this visit

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication Name</u>	<u>Sig Desc</u>
10/24/2017	10/24/2018	Pravachol 40 mg tablet	Take one by mouth at bedtime
10/24/2017	01/24/2018	Ultram 50 mg tablet	one tab bid prn pain- space between MS contin

for break thro pain.

Medications stopped this visit

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication</u>	<u>Dose</u>	<u>Sig Desc</u>
08/18/2017	10/24/2017	Naproxen	500 Mg	take one tablet twice a day as needed- take with food

Office Services

<u>Status</u>	<u>ApptDate</u>	<u>Timeframe</u>	<u>Order</u>	<u>Reason</u>	<u>!</u>
nterpretation Value			ordered	Other: Ice 16oz cup twice daily	

Document generated by: Shanthi Gopal, MD 10/24/2017 9:22 AM

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Connie McCool (11/27/2017 4:41 PM) 11/28/2017 11:16 AM****Patient: Aisha Pope****ID#: 228305****DOB:** [REDACTED]

Off-site

Reference #: 00674433

Routine

Date of Request: 11/27/2017

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):

MDOC

For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.

Procedure/Test Requested: Post op f/u - S/p Robotic hemicolectomy for adenocarcinoma of colon.**Specialty Service Requested:** Surgery**Initial Visit or F/U?** F/U**Presumed Diagnosis:**

Neoplasm, Malignant, colon

153

Signs & Symptoms:**Date of Onset:**

45 yr old female with malignant neoplasm of colon underwent Robotic hemicolectomy on 11/22/17. recommended to f/u in 2 weeks with surgeon to discuss pathology report and next step for cancer treatment. Please review and approve surgery post op f/u. Thank you.

Enrolled in Chronic Care Clinic(s)?

<u>Clinic</u>	<u>Chronic Condition</u>
Good	Hyperlipidemia

<u>Code</u>	<u>Last Visit</u>
WHV	09/26/2016

Current Active Medications:

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication Name</u>	<u>Sig Desc</u>
05/09/2017	05/09/2018	betamethasone valerate 0.1 % topical cream	apply topically to affected area twice per day 15 gm kite for RF
06/21/2017	06/21/2018	Tums 200 mg calcium (500 mg) chewable tablet	Take one PO three times a day as needed
08/04/2017	08/04/2018	ferrous sulfate 325 mg (65 mg iron) tablet, delayed release	Take 1 by mouth 2 times a day
08/09/2017	12/09/2017	Zyprexa 2.5 mg tablet	2qhs or 1 qhs if she requests
08/09/2017	02/09/2018	diphenhydramine 50 mg capsule	Tabs 2 po Qhs
08/09/2017	02/09/2018	Lamictal 100 mg tablet	take one by mouth at bedtime with the 50mg
08/09/2017	02/09/2018	Lamictal 25 mg tablet	2 qhs with the 100mg
08/09/2017	02/09/2018	Prozac 10 mg capsule	1 at hs with the 20mg
08/09/2017	02/09/2018	Prozac 20 mg capsule	Take one by mouth at bedtime

NAME: Pope, Aisha K
NUMBER: 228305
D.O.B.: [REDACTED]

**MICHIGAN DEPARTMENT OF CORRECTIONS
CONSULTATION**

SITE: WHV

COMPLETED BY: Connie McCool (11/27/2017 4:41 PM) 11/28/2017 11:16 AM

10/26/2017 01/26/2018 Ultram 50 mg tablet one tab bid prn pain- space between MS contin
for break thro pain.- choices patient
11/13/2017 11/13/2018 Zocor 40 mg tablet take one by mouth at bedtime
11/17/2017 12/16/2017 MS Contin 30 mg tablet,extended release one tab every 12 hrs choice pt
11/20/2017 11/30/2017 MS Contin 15 mg tablet,extended release one tab every 12 hrs prn, choice pt-
continue current doseuntil MSContin 30 mg available and then discontinue
11/24/2017 12/23/2017 Lovenox 40 mg/0.4 mL subcutaneous syringe 40 mg SubQ Daily x 28days
11/27/2017 12/30/2017 Lovenox 40 mg/0.4 mL subcutaneous syringe 40 mg subcutaneous injection once daily
for 28 days- CANCER AND PSOTSURGERY PROPHYLAXIS- CHOICES PATIENT
Site Medical Provider: Shanthi Gopal MD 11/27/2017

(For UM use only)

Criteria Source: M & R Interqual Other Protocol
Criteria met: Yes X No Deferred

Reviewer comments:

Approval for General surgery follow up

Recommendation for visit appointment:

Visits:

UM Review #:

Reviewer Name: Papendick, Keith, MD/LM, RN

Date Reviewed: 11/28/2017

Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.

NAME: Pope, Aisha K
NUMBER: 228305
D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 12/06/2017 2:42 PM
 VISIT TYPE: Chart Update

Chief Complaint/Reason for visit:

This 45 year old female presents with chart review.

History of Present Illness

1. Chart Review

Additional comments:

CRV.

Per 409 dated on 12/5/2017: patient had post-op visit on 12/5/2017: Dx w/T3N0 Stage IIA colon cancer; Doing well--recommend Oncology f/u in 2-wk, Vitamin E cream to incision bid x 3-month. Will submit 407 to request Oncology.

Per AHS Surgical report@12/5/2017: S/p Left colectomy on 11/22/2017 for colon cancer; Oncology consult; CEA and H&P q 3-6 months, Colonoscopy and CT chest /Abd/Pelvis in 1-yr.

Chronic Problems

Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Zyprexa	2.5 Mg	60	2qhs or 1 qhs if she requests
Lamictal	25 Mg	60	2 qhs with the 100mg
Prozac	10 Mg	30	1 at hs with the 20mg
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Prozac	20 Mg	30	Take one by mouth at bedtime
Liquitears	1.4 %	1	1 gtt each eye BID
Lovenox	40 Mg/0.4 MI	28	40 mg subcutaneous injection once daily for
28 days- CANCER AND PSOTSURGERY PROPHYLAXIS- CHOICES PATIENT			
Lovenox	40 Mg/0.4 MI	28	40 mg SubQ Daily x 28days
Ms Contin	30 Mg	60	one tab every 12 hrs choice pt
Zocor	40 Mg	30	take one by mouth at bedtime
Ultram	50 Mg	60	one tab bid prn pain- space between MS
contin for break thro pain.- choices patient			
Diphenhydramine Hcl	50 Mg	60	Tabs 2 po Qhs
Ferrous Sulfate	325 Mg (65 Mg Iron)		90 Take 1 by mouth 2 times a day
Tums	200 Mg Calcium (500 Mg)		150 Take one PO three times a day as
needed			
Betamethasone Valerate	0.1 %	0	apply topically to affected area twice per day
15 gm kite for RF			

Allergies

<u>Allergen/Ingredient</u>	<u>Brand</u>	<u>Reaction:</u>
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	

Pope, Aisha
 228305
 [REDACTED]

Metronidazole

Assessment/ Plan

Postsurgical states NEC (V45.89)

Neoplasm, Malignant, colon (153)

Medications ordered this visit

Start Date	Stop Date	Medication Name	Sig Desc
12/06/2017	03/06/2018	vitamin E topical cream	Topical to incision site BID x 3-months. (
Choices patient), (kite for refill)			

Office Services

Status	ApptDate	Timeframe	Order	Reason	!
nterpretation	Value				
ordered	11/01/2018		Chart Review/Update : CRV. Submit 407 to request Colonoscopy, CT		
			chest/Abd/Pelvis in 1-yr from 12/5/2017. H/o Colon cancer, S/p Lt colectomy on 12/5/2017.		
ordered	04/04/2018		Provider Visit : F/u on colon cancer, S/p Lt colectomy on 12/5/2017.		
			Order CEA lab per recommendation. (EMR@12/6/2017)		

Lab Studies

Status	Lab Code	Lab Study	Timeframe	Date
	Comments			
ordered	CEA	CEA		03/06/2018

Document generated by: Claire Y. Pei, DO 12/06/2017 3:22 PM

Pope, Aisha
228305

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Kaelynn R. Pfeil (12/06/2017 2:42 PM) 12/07/2017 1:05 PM****Patient: Aisha Pope****ID#: 228305****DOB:** [REDACTED]

Off-site

Routine

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):

MDOC

Reference #: 00676754

Date of Request: 12/06/2017

For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.

Procedure/Test Requested: Consult in 2-wk**Specialty Service Requested:** Oncology**Provider:** AHS**Initial Visit or F/U?** Initial Visit**Presumed Diagnosis:**

Postsurgical states NEC

V45.89

Neoplasm, Malignant, colon

153

Signs & Symptoms:**Date of Onset:**

45 y/o AAF is Dx w/T3N0 Stage IIA colon cancer, S/p Left colectomy on 11/22/2017 at Allegiance Hospital. Post-op surgery visit on 12/5/2017: Request Oncology consult for further care post-op. Please review.

Enrolled in Chronic Care Clinic(s)?ClinicChronic ConditionCodeLast Visit

Good

Hyperlipidemia

WHV

09/26/2016

Current Active Medications:Start DateStop DateMedication NameSig Desc

05/09/2017 05/09/2018 betamethasone valerate 0.1 % topical cream apply topically to affected area twice per day 15 gm kite for RF

06/21/2017 06/21/2018 Tums 200 mg calcium (500 mg) chewable tablet Take one PO three times a day as needed

08/04/2017 08/04/2018 ferrous sulfate 325 mg (65 mg iron) tablet, delayed release Take 1 by mouth 2 times a day

08/09/2017 02/09/2018 diphenhydramine 50 mg capsule Tabs 2 po Qhs

10/26/2017 01/26/2018 Ultram 50 mg tablet one tab bid prn pain- space between MS contin for break thro pain.- choices patient

11/13/2017 11/13/2018 Zocor 40 mg tablet take one by mouth at bedtime

11/17/2017 12/16/2017 MS Contin 30 mg tablet, extended release one tab every 12 hrs choice pt

NAME: Pope, Aisha K

NUMBER: 228305

D.O.B.: [REDACTED]

**MICHIGAN DEPARTMENT OF CORRECTIONS
CONSULTATION**

SITE: WHV

COMPLETED BY: Kaelynn R. Pfeil (12/06/2017 2:42 PM) 12/07/2017 1:05 PM

11/24/2017 12/23/2017 Lovenox 40 mg/0.4 mL subcutaneous syringe 40 mg SubQ Daily x 28days
11/27/2017 12/30/2017 Lovenox 40 mg/0.4 mL subcutaneous syringe 40 mg subcutaneous injection once daily
for 28 days- CANCER AND PSOTSURGERY PROPHYLAXIS- CHOICES PATIENT
12/02/2017 03/02/2018 LiquiTears 1.4 % eye drops 1 gtt each eye BID
12/05/2017 06/07/2018 Lamictal 100 mg tablet take one by mouth at bedtime with the 50mg
12/05/2017 06/07/2018 Lamictal 25 mg tablet 2 qhs with the 100mg
12/05/2017 06/07/2018 Prozac 10 mg capsule 1 at hs with the 20mg
12/05/2017 06/07/2018 Prozac 20 mg capsule Take one by mouth at bedtime
12/05/2017 06/07/2018 Zyprexa 2.5 mg tablet 2qhs or 1 qhs if she requests
12/06/2017 03/06/2018 vitamin E topical cream Topical to incision site BID x 3-months. (Choices
patient), (kite for refill)

Site Medical Provider: Claire Pei MD

12/06/2017

(For UM use only)

Criteria Source: M & R Interqual Other
Criteria met: Yes X No Deferred

Reviewer comments: Oncology consult

Recommendation for visit appointment:

Visits:

UM Review #:

Reviewer Name: Papendick, Keith, MD

Date Reviewed: 12/07/2017

Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.

NAME: Pope, Aisha K
NUMBER: 228305
D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 12/22/2017 11:41 AM
 VISIT TYPE: Nurse Visit-unscheduled

Chief Complaint/Reason for visit:

This 45 year old female presents with post er/inpatient/specialist follow up.

History of Present Illness**1. Post ER/Inpatient/Specialist Follow Up****Nursing Comments**

Inmate returned to facility from Hematology Oncology at the Allegiance Professional building. VSS, no acute distress, A&Ox4. No new orders. Inmate can RTU.

Chronic Problems

Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

Drug Name	Dose	Qty	Description
Ms Contin	30 Mg	60	Restricted. 1 tab po q12hrs. (Choices patient)
Vitamin E		1	Topical to incision site BID x 3-months. (Choices patient), (kite for refill)
Zyprexa	2.5 Mg	60	2qhs or 1 qhs if she requests
Lamictal	25 Mg	60	2 qhs with the 100mg
Prozac	10 Mg	30	1 at hs with the 20mg
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Prozac	20 Mg	30	Take one by mouth at bedtime
Liquitears	1.4 %	1	1 gtt each eye BID
Lovenox	40 Mg/0.4 MI	28	40 mg subcutaneous injection once daily for 28 days- CANCER AND PSOTSURGERY PROPHYLAXIS- CHOICES PATIENT
Lovenox	40 Mg/0.4 MI	28	40 mg SubQ Daily x 28days
Zocor	40 Mg	30	take one by mouth at bedtime
Ultram	50 Mg	60	one tab bid prn pain- space between MS
contin for break thro pain.- choices patient			
Diphenhydramine Hcl	50 Mg	60	Tabs 2 po Qhs
Ferrous Sulfate	325 Mg (65 Mg Iron)		90 Take 1 by mouth 2 times a day
Tums	200 Mg Calcium (500 Mg)		150 Take one PO three times a day as needed
Betamethasone Valerate	0.1 %	0	apply topically to affected area twice per day
15 gm kite for RF			

Allergies

Allergen/Ingredient	Brand	Reaction:
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

Pope, Aisha
228305
[REDACTED]

Pope-CLG-MDOC-000550

Vital Signs

<u>Date</u>	<u>Time</u>	<u>Height</u>	<u>Weight</u>	<u>Temp</u>	<u>Bp</u>	<u>Pulse</u>	<u>Resp.</u>	<u>Pulse Ox Rest</u>	<u>Pulse Ox Amb</u>
12/22/2017	11:43 AM	63.0	180.0	97.0	122/83	76	18	99	

FiO2 PeakFlow Pain Score Comments

Measured By
Brianna R. Penrod, RN

Document generated by: Brianna R. Penrod, RN 12/22/2017 12:08 PM

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 12/29/2017 10:16 AM
 VISIT TYPE: Provider Visit-scheduled

Chief Complaint/Reason for visit:

This 45 year old female presents with colon cancer.

History of Present Illness

1. Colon cancer

Additional comments:

Pt here for recheck . She had a left colectomy on 11/22/17 for colon CA. This was staged at T3N0. Pt had a follow up with Oncology 12/22/17. Oncologist states in dictation that no chemo needed, recommends:

- 1) baseline CEA
- 2) CEA q 3 to 6 months x 2yrs then q 6m to year 5 (previous provider has CEA ordered for 3/6/18).
- 3) Colonoscopy at 1 year then depends on Lynch presen or absent
- 4) ASA daily
- 5) Genetics consult or Colaris for Lynch

Oncologist also recommended follow up in 4 months.

Pt says today she is doing well. Normal BMs and flatulence. No abdominal pain. She has concern about the time it took for diagnosis, a "lump" inferior to abdominal scar, area in RLQ that has not healed (admits scratching at area), and that she has not received the Vitamin E cream.

Pt has been noted to trying to take the morning dose of MS contin with her outside the clinic. She admits to this today. She says she does this to "save" the pill for when noon time comes as she has more pain at that time. She says she does not have much pain in the morning. The MS contin is currently on medline at a.m. and HS. She is agreeable to changing times to noon and HS.

Pt is in the Choices program.

Chronic Problems

Neoplasm, Malignant, colon
 Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

Drug Name	Dose	Qty	Description
Vitamin E		1	Topical to incision site BID x 3-months. (Choices patient), (kite for refill)
Zyprexa	2.5 Mg	60	2qhs or 1 qhs if she requests
Lamictal	25 Mg	60	2 qhs with the 100mg
Prozac	10 Mg	30	1 at hs with the 20mg
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Prozac	20 Mg	30	Take one by mouth at bedtime
Liquitears	1.4 %	1	1 gtt each eye BID
Lovenox	40 Mg/0.4 MI	28	40 mg subcutaneous injection once daily for 28 days- CANCER AND PSOTSURGERY PROPHYLAXIS- CHOICES PATIENT
Zocor	40 Mg	30	take one by mouth at bedtime

Pope, Aisha

228305

Ultram	50 Mg	60	one tab bid prn pain- space between MS
contin for break thro pain.- choices patient			
Diphenhydramine Hcl	50 Mg	60	Tabs 2 po Qhs
Ferrous Sulfate	325 Mg (65 Mg Iron)	90	Take 1 by mouth 2 times a day
Tums	200 Mg Calcium (500 Mg)	150	Take one PO three times a day as
needed			
Betamethasone Valerate	0.1 %	0	apply topically to affected area twice per day
15 gm kite for RF			

Allergies

<u>Allergen/Ingredient</u>	<u>Brand</u>	<u>Reaction:</u>
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

Review of Systems**Constitutional:**

Negative for fever.

Gastrointestinal:

Negative for abdominal pain, constipation and diarrhea.

Vital Signs

<u>Date</u>	<u>Time</u>	<u>Height</u>	<u>Weight</u>	<u>Temp</u>	<u>Bp</u>	<u>Pulse</u>	<u>Resp.</u>	<u>Pulse Ox Rest</u>	<u>Pulse Ox Amb</u>
12/29/2017	8:59 AM	63.0	179.0	98.6	134/81	87	18	96	

<u>FiO2</u>	<u>PeakFlow</u>	<u>Pain Score</u>	<u>Comments</u>
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Measured By
Michael B. Jordan

Physical Exam**Constitutional:**

Level of distress is mild distress. Well nourished. Well developed.

Head / Face:

Facial features are symmetric.

Eyes:Right

General eye condition is normal.

Lid/lash: normal.

No injection.

No icterus.

Left

General eye condition is normal.

Lid/lash: normal.

No injection.

No icterus.

Respiratory:

Chest can be described as symmetric. Lungs clear to auscultation. There is no cough. Respiratory effort is normal.

Cardiovascular:Extra Sounds: None.Murmurs: None.Rate and Rhythm: Heart rate is regular rate. Rhythm is regular.

See also extremities. No edema is present.

Abdomen:

Bowel sounds present, no bruits. Soft, nontender, no organomegaly.

Inspection has detected surgical scar well healed, small scabbed areal RLQ.

There is no guarding. There is no rebound.

Extremities:

No edema is present.

Pope, Aisha
228305

Assessment/ Plan**Neoplasm, Malignant, colon (153)**

Plan comments: 1) emailed Choices manager regarding changing timing of MS Contin to noon and qhs, agrees, Director of Nursing also agrees
 2) discussed Oncology recommendations with pt including ACMO request for Colaris testing for Lynch syndrome, plan to refer to Genetics counselor if tests positive. She is agreeable to plan
 3) pt agrees to starting ASA 81 mg qd
 4) emailed Pharm Tech regarding Vit E cream - RN Supervisor needs to order per Pharm Tech, request has been sent to them per Pharm tech
 5) Triple antibiotic cream issued for small area RLQ, avoid picking
 6) 407 for Oncology follow up completed
 7) orders written for follow up labs and CRV to complete 407 for colonoscopy in 1yr
 8) follow up 2 weeks, sooner if needed

Medications ordered this visit

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication Name</u>	<u>Sig Desc</u>
12/29/2017	12/28/2018	aspirin 81 mg tablet, delayed release	1 po qd
12/29/2017	01/29/2018	MS Contin 30 mg tablet, extended release	Restricted. 1 tab noon and qhs NOTE

TIME CHANGE Choices patient

Medications stopped this visit

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication</u>	<u>Dose</u>	<u>Sig Desc</u>
12/16/2017	12/29/2017	Ms Contin	30 Mg	Restricted. 1 tab po q12hrs. (Choices patient)

Office Services

<u>Status</u>	<u>ApptDate</u>	<u>Timeframe</u>	<u>Order</u>	<u>Reason</u>
ordered	11/28/2018		Chart Review/Update : hx of colon CA, complete 407 for colonoscopy at	!
1 yr per Oncology (see 12/29/17 note)				
ordered	01/12/2018		MP F/U Routine : recheck colon CA, see 12/29/17 note	

Instructions / Education

<u>Status</u>	<u>Completed</u>	<u>Order</u>	<u>Reason</u>
completed	12/29/2017	Patient education provided and patient voiced understanding	

Lab Studies

<u>Status</u>	<u>Lab Code</u>	<u>Lab Study</u>	<u>Timeframe</u>	<u>Date</u>
ordered	CEA	CEA		06/06/2018
ordered	CEA	CEA		09/06/2018
ordered	CEA	CEA		01/02/2018

Document generated by: Donna M. Rohrs, PA 12/29/2017 2:44 PM



MICHIGAN DEPARTMENT OF CORRECTIONS

PATIENT: Pope, Aisha
LOCATION: WHV
PROVIDER: Donna M. Rohrs PA
CURRENT USER :Donna M. Rohrs, PA

MEDICATION ORDERS

NEW AND RENEWED MEDICATION ORDERS 12/29/2017 12:03 PM

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication</u>	<u>Dose</u>	<u>Sig Desc</u>
<u>12/29/2017</u>	<u>12/28/2018</u>	<u>Aspirin Ec</u>	<u>81 Mg</u>	<u>1 po qd</u>
<u>12/29/2017</u>	<u>01/29/2018</u>	<u>Ms Contin</u>	<u>30 Mg</u>	<u>Restricted. 1 tab noon and qhs NOTE TIME CHANGE</u>

Choices patient

MEDICATIONS STOPPED THIS ENCOUNTER

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication</u>	<u>Dose</u>	<u>Sig Desc</u>
<u>12/16/2017</u>	<u>12/29/2017</u>	<u>Ms Contin</u>	<u>30 Mg</u>	<u>Restricted. 1 tab po q12hrs. (Choices patient)</u>

MEDICATIONS TO START AFTER TODAY'S DATE

Name: Pope,Aisha

DOB [REDACTED]

Number: 228305

Pope-CLG-MDOC-000565

MICHIGAN DEPARTMENT OF CORRECTIONS
MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF
HEALTH CARE SERVICES

PATIENT: Aisha Pope
DATE OF BIRTH: [REDACTED]
DATE: 12/29/2017 10:16 AM

ACMO REVIEW

Requesting Physician:

Non-formulary Medications

Medication/Strength/SIG

Reason

Approved

Deferred

Review Date

Off-guideline Medical Details and Special Accomodations

Description

Colaris testing for Lynch Syndrome

Reason

Pti s a 45 year old AA. She had a left colectomy on 11/22/17 for colon CA. This was staged at T3N0. Pt had a follow up with Oncology 12/22/17. Oncologist states in dictation that no chemo needed, recommends: Genetics consult or Colaris for Lynch. Requesting Colaris testing. Will complete 407 for Genetics consult if testing positive.

Approved

Deferred

Review Date

Document generated by: Donna M. Rohrs, PA 12/29/2017 2:29 PM

Name: Pope, Aisha
Inmate ID: 228305
DOB: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Donna M. Rohrs, PA 12/29/2017 10:16 AM****Patient: Aisha Pope****ID#: 228305****DOB:** [REDACTED]

Off-site

Routine

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):

MDOC

Reference #:

Date of Request: 12/29/2017

For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.

Procedure/Test Requested: 4 month recheck for colon cancer**Specialty Service Requested:** Oncology**Provider:** Dr. M Trimble**Initial Visit or F/U?** F/U**Presumed Diagnosis:**

Neoplasm, Malignant, colon

153

Signs & Symptoms:**Date of Onset:**

Pt is a 45 yr old AA. She had a left colectomy on 11/22/17 for colon CA. This was staged at T3N0. Pt had a follow up with Oncology 12/22/17. Oncologist recommends follow up in 4 months (4/24/18 @ 1pm)

Enrolled in Chronic Care Clinic(s)? YesClinicChronic ConditionCodeLast Visit

Good

Hyperlipidemia

WHV

09/26/2016

Current Active Medications:Start DateStop DateMedication NameSig Desc

05/09/2017 05/09/2018 betamethasone valerate 0.1 % topical cream apply topically to affected area twice per day 15 gm kite for RF

06/21/2017 06/21/2018 Tums 200 mg calcium (500 mg) chewable tablet Take one PO three times a day as needed

08/04/2017 08/04/2018 ferrous sulfate 325 mg (65 mg iron) tablet, delayed release Take 1 by mouth 2 times a day

08/09/2017 02/09/2018 diphenhydramine 50 mg capsule Tabs 2 po Qhs

10/26/2017 01/26/2018 Ultram 50 mg tablet one tab bid prn pain- space between MS contin for break thro pain.- choices patient

11/13/2017 11/13/2018 Zocor 40 mg tablet take one by mouth at bedtime

11/27/2017 12/30/2017 Lovenox 40 mg/0.4 mL subcutaneous syringe 40 mg subcutaneous injection once daily for 28 days- CANCER AND PSOTSURGERY PROPHYLAXIS- CHOICES PATIENT

NAME: Pope, Aisha K

NUMBER: 228305

D.O.B.: [REDACTED]

**MICHIGAN DEPARTMENT OF CORRECTIONS
CONSULTATION**

SITE: WHV

COMPLETED BY: Donna M. Rohrs, PA

12/29/2017 10:16 AM

12/02/2017 03/02/2018	LiquiTears 1.4 % eye drops	1 gtt each eye BID
12/05/2017 06/07/2018	Lamictal 100 mg tablet	take one by mouth at bedtime with the 50mg
12/05/2017 06/07/2018	Lamictal 25 mg tablet	2 qhs with the 100mg
12/05/2017 06/07/2018	Prozac 10 mg capsule	1 at hs with the 20mg
12/05/2017 06/07/2018	Prozac 20 mg capsule	Take one by mouth at bedtime
12/05/2017 06/07/2018	Zyprexa 2.5 mg tablet	2qhs or 1 qhs if she requests
12/06/2017 03/06/2018	vitamin E topical cream	Topical to incision site BID x 3-months. (Choices
patient), (kite for refill)		
12/29/2017 01/29/2018	MS Contin 30 mg tablet,extended release	Restricted. 1 tab noon and qhs NOTE
TIME CHANGE Choices patient		
12/29/2017 12/28/2018	aspirin 81 mg tablet,delayed release	1 po qd
Site Medical Provider:	Donna M. Rohrs PA	12/29/2017

(For UM use only)

Criteria Source:	M & R	Interqual	Other
Criteria met:	Yes	No	Deferred

Reviewer comments:

Recommendation for visit appointment: 4 Months

Visits:

UM Review #:

Reviewer Name:

Date Reviewed:

Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.

NAME: Pope, Aisha K
NUMBER: 228305
D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS
MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF
HEALTH CARE SERVICES

PATIENT: Aisha Pope
DATE OF BIRTH: [REDACTED]
DATE: 12/29/2017 2:50 PM

ACMO REVIEW

Requesting Physician:

Non-formulary Medications

Medication/Strength/SIG

Reason

Approved

Deferred

Review Date

Off-guideline Medical Details and Special Accomodations

Description

Colaris testing for Lynch Syndrome

Reason

Pti s a 45 year old AA. She had a left colectomy on 11/22/17 for colon CA. This was staged at T3N0. Pt had a follow up with Oncology 12/22/17. Oncologist states in dictation that no chemo needed, recommends: Genetics consult or Colaris for Lynch. Requesting Colaris testing. Will complete 407 for Genetics consult if testing positive.

Approved

Deferred

Review Date

Approved

12/29

Document generated by: Donna M. Rohrs, PA 12/29/2017 2:29 PM

Document generated by: Rickey J. Coleman, DO 12/29/2017 2:50 PM

Name: Pope, Aisha
Inmate ID: 228305
DOB: [REDACTED]

**MICHIGAN DEPARTMENT OF CORRECTIONS
BUREAU OF HEALTH CARE SERVICES**

ADMINISTRATIVE NOTE

PATIENT: Pope, Aisha
DATE OF BIRTH: [REDACTED]
ENCOUNTER DATE: 01/02/2018 3:47 PM
COMPLETED BY: Katherine J. Battle
LOCATION: WHV

Tracking Information

Date of occurrence 01/02/2018

Type of request

OtherATP'd 407 wrote on 12-29-17 for 4 month recheck for colon cancer

Issue

ATP'd 407 wrote on 12-29-17 for 4 month recheck for colon cancer. It says ATP: Medical necessity not demonstrated at this time. Surveillance is completed on site by MSP utilizing NCCN guidelines.

Turns 200 Mg Calcium (500 Mg) 150 Take one PO three times a day as needed
 Betamethasone Valerate 0.1 % 0 apply topically to affected area twice per day
 15 gm kite for RF

Allergies

<u>Allergen/Ingredient</u>	<u>Brand</u>	<u>Reaction:</u>
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

Vital Signs

<u>Date</u>	<u>Time</u>	<u>Height</u>	<u>Weight</u>	<u>Temp</u>	<u>Bp</u>	<u>Pulse</u>	<u>Resp.</u>	<u>Pulse Ox Rest</u>	<u>Pulse Ox Amb</u>
01/16/2018	5:04 PM	63.0	179.0	97.6	120/80	80	16	96	

FiO2 PeakFlow Pain Score Comments

Measured By
 Donna M. Rohrs, PA

Physical Exam**Constitutional:**

No acute distress. Well nourished. Well developed.

Head / Face:

Facial features are symmetric.

Eyes:Right

General eye condition is normal.

Lid/lash: normal.

No injection.

No icterus.

Left

General eye condition is normal.

Lid/lash: normal.

No injection.

No icterus.

Respiratory:

Chest can be described as symmetric. Lungs clear to auscultation. There is no cough. Respiratory effort is normal.

Cardiovascular:

Extra Sounds: None.

Murmurs: None.

Rate and Rhythm: Heart rate is regular rate. Rhythm is regular.

See also extremities. No edema is present.

Abdomen:

Bowel sounds present, no bruits. Soft, nontender, no organomegaly.

Inspection has detected scar(s).

Extremities:

No edema is present.

Assessment/ Plan**Neoplasm, Malignant, colon (153)**

Plan comments: 1) mylanta with simethicone

2) discussed CEA wnl, Colaris test for Lynch Syndrome approved and kit ordered

3) colonoscopy and CT 1 year (CRV to complete 407's already scheduled), follow up CEAs already ordered

4) Dietician referral to see if continuation snack bag needed, expires 2/1/18

5) ordered PHS2 to recheck anemia

6) discussed 407 for Oncology follow up ATP's to be followed in clinic using NCCN guidelines, pt expressed frustration with this

7) recheck 3 weeks to make sure stable, review labs

Pope, Aisha
 228305

8) emailed RN supervisors Re Vitamin E cream per LPN they are supposed to order (per email reply it has been ordered, waiting for it to come in), also checking on meals in policy with Supervisors, told pt this likely is not possible.

Medications ordered this visit

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication Name</u>	<u>Sig Desc</u>	
01/16/2018	03/16/2018	aluminum-mag hydroxide-simethicone	200 mg-200 mg-20 mg/5 mL oral susp	30
cc bid #1 bottle				

Office Services

<u>Status</u>	<u>ApptDate</u>	<u>Timeframe</u>	<u>Order</u>	<u>Reason</u>	<u>!</u>
ordered	01/30/2018			Dietary Referral : Snack bag runs out 2/1/18 not sure if needs to be	
renewed, please review					
ordered	02/06/2018			MP F/U Routine : recheck colon CA, see 1/16/18 and 12/29/17 notes,	
review labs					
ordered	01/19/2018			Provider Visit : pt complains of clotting, has not had period in some	
time, please eval, see 1/16/18 EMR note					

Instructions / Education

<u>Status</u>	<u>Completed</u>	<u>Order</u>	<u>Reason</u>
completed	01/16/2018	Patient education provided and patient voiced understanding	

Lab Studies

<u>Status</u>	<u>Lab Code</u>	<u>Lab Study</u>	<u>Timeframe</u>	<u>Date</u>
ordered	PHS2	Comp Panel + CBC/Plt/Thyroid		01/24/2018
	Fasting.			

Document generated by: Donna M. Rohrs, PA 01/16/2018 5:48 PM

Pope, Aisha
228305

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 01/23/2018 11:39 AM
 VISIT TYPE: Provider Visit-scheduled

Chief Complaint/Reason for visit:

This 45 year old female presents with gynecology.

History of Present Illness**1. Gynecology**

Last menstrual period was 1 Week 3 Days ago and was on 01/13/2018. The age of menarche onset was 10. The menstrual cycle length is 12 Days(s) Presenting / Initial symptoms include amenorrhea, secondary and change in menstrual cycle. The patient's relevant history is negative for diabetes mellitus and oral contraceptive use. Additional information: pp had missed periods , started to bleed this month , heavy with prolonged bleeding last ing about 12 days.

Chronic Problems

Neoplasm, Malignant, colon
 Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Alum-mag Hydroxide-simethicone	200 Mg-200 Mg-20 Mg/5 MI	1	30 cc bid #1 bottle
Aspirin Ec	81 Mg	30	1 po qd
Ms Contin	30 Mg	60	Restricted. 1 tab noon and qhs NOTE TIME
CHANGE Choices patient			
Vitamin E		1	Topical to incision site BID x 3-months. (
Choices patient), (kite for refill)			
Lamictal	25 Mg	60	2 qhs with the 100mg
Zyprexa	2.5 Mg	60	2qhs or 1 qhs if she requests
Prozac	10 Mg	30	1 at hs with the 20mg
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Prozac	20 Mg	30	Take one by mouth at bedtime
Liquitears	1.4 %	1	1 gtt each eye BID
Zocor	40 Mg	30	take one by mouth at bedtime
Ultram	50 Mg	60	one tab bid prn pain- space between MS
contin for break thro pain.- choices patient			
Diphenhydramine Hcl	50 Mg	60	Tabs 2 po Qhs
Ferrous Sulfate	325 Mg (65 Mg Iron)		90 Take 1 by mouth 2 times a day
Tums	200 Mg Calcium (500 Mg)		150 Take one PO three times a day as
needed			
Betamethasone Valerate	0.1 %	0	apply topically to affected area twice per day
15 gm kite for RF			

Allergies

<u>Allergen/Ingredient</u>	<u>Brand</u>	<u>Reaction:</u>
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	

Pope, Aisha
 228305
 [REDACTED]

Metronidazole

Review of Systems**Constitutional:**

Negative for fatigue, fever and night sweats.

Gastrointestinal:

Comments: post lt clectomy for ca of colon, nodes neg. CEA normal, pp stated that she is waiting for genetic testing.

Genitourinary:

Positive for:

- Menarche age was 10.
- Menses. Frequency: decreased. Last menses was 01/13/2018. Menses is irregular. The flow is heavy.

Negative for dysuria, hematuria and oral contraception.

Vital Signs

Date	Time	Height	Weight	Temp	Bp	Pulse	Resp.	Pulse Ox Rest	Pulse Ox Amb
01/23/2018	11:40 AM								
01/23/2018	11:29 AM		175.0	97.9	128/77	69	16	99	

FiO2	PeakFlow	Pain Score	Comments

Measured By

Jamillah R. Williams, RCA

Physical Exam

Constitutional: No apparent distress. Well nourished and well developed.

Abdomen: Soft, non-tender without organomegaly or masses.

Genitourinary:

External Gyn: External genitalia is unremarkable. Glands do appear to be normal. Perineum is unremarkable. No perianal abnormalities. Urethra is normal in appearance, without erythema. Urethra meatus is normal.

Internal Gyn: The chaperone for the exam was Jamillah Williams, RCA.

Vaginal mucosa appears normal. . Cervix normal to inspection and palpation. Uterus: boggy. Adnexa: non-palpable. Bladder is normal.

Pap Info:

L.M.P.: Last menses were 01/13/2018.

A speculscopy was performed. Results were negative.

No CVA tenderness. No flank masses are present. No suprapubic tenderness. There appears to be no vaginal discharge.

Comments: emb discussed for heavy bleeding , endometrial thickening, risks benefits discussed, emb done with cell sampler. teneculum used at the ant lip to stabilize cervix, uterus 7 cm in depth, emb done without much difficulty, tissue removed labelled & sent to lab for path evaluation. post emb instructions given to watch for heavy bleeding , foul smelling d/c or sever abd pain f/u for path report.

Procedures

Consent was obtained. Procedure and risks were explained in detail. Questions were answered.

Assessment/ Plan**Excessive menstruation (626.2)**

- pp had a heavy menses afte amenorrhea for a while, us of pelvis las yr with 2 fibroids
- thickened endometrium emb done for evaluation of heavy bleeding , endometrial thickening
- wait for pat h report
- notify h/c if heavy vag bleeding , foul smelling d/c or sever abd pain
- 2 wks for path report

Pope, Aisha

228305

2/3

Pope-CLG-MDOC-000582

Office Services

<u>Status</u>	<u>ApptDate</u>	<u>Timeframe</u>	<u>Order</u>	<u>Reason</u>	<u>!</u>
ordered	02/06/2018		On-Site : emb path report		

Instructions / Education

<u>Status</u>	<u>Completed</u>	<u>Order</u>	<u>Reason</u>
completed	01/23/2018	Increase fluid intake	
completed	01/23/2018	Discussed risk/ benefits/ side effects of treatment	
completed	01/23/2018	Patient was reassured	
completed	01/23/2018	Patient education provided and patient voiced understanding	
completed	01/23/2018	Reviewed diagnostic study results with patient	

Document generated by: Mohammad I. Azimi, MD 01/23/2018 12:05 PM

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 01/24/2018 3:00 PM
 VISIT TYPE: Chart Update

Chief Complaint/Reason for visit:

This 45 year old female presents with chart review.

History of Present Illness**1. Chart Review**

Additional comments:

RN Supervisor received Colaris test kit for Lynch Syndrome. RN Sup. attempted to complete paperwork for this with the pt. Per RN Sup. email, "I/M Pope refused to sign the informed consent for the genetic testing. She stated she was not told what we are looking for, wants to know what Lynch Syndrome is, wants a readout on Lynch Syndrome and wants genetic counseling! She also wants to know why the Oncologist isn't doing the test."

The test and the follow up plan was discussed with the pt on the 12/29/17 and 1/16/18 visits. Pt has 2/6/18 appt, will discuss plan with pt again. If she still refuses test will have pt sign ROR.

Chronic Problems

Neoplasm, Malignant, colon
 Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Alum-mag Hydroxide-simethicone	200 Mg-200 Mg-20 Mg/5 MI	1	30 cc bid #1 bottle
Aspirin Ec	81 Mg	30	1 po qd
Ms Contin	30 Mg	60	Restricted. 1 tab noon and qhs NOTE TIME
CHANGE Choices patient			
Vitamin E		1	Topical to incision site BID x 3-months. (
Choices patient), (kite for refill)			
Lamictal	25 Mg	60	2 qhs with the 100mg
Zyprexa	2.5 Mg	60	2qhs or 1 qhs if she requests
Prozac	10 Mg	30	1 at hs with the 20mg
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Prozac	20 Mg	30	Take one by mouth at bedtime
Liquitears	1.4 %	1	1 gtt each eye BID
Zocor	40 Mg	30	take one by mouth at bedtime
Ultram	50 Mg	60	one tab bid prn pain- space between MS
contin for break thro pain.- choices patient			
Diphenhydramine Hcl	50 Mg	60	Tabs 2 po Qhs
Ferrous Sulfate	325 Mg (65 Mg Iron)		90 Take 1 by mouth 2 times a day
Tums	200 Mg Calcium (500 Mg)		150 Take one PO three times a day as
needed			
Betamethasone Valerate	0.1 %	0	apply topically to affected area twice per day
15 gm kite for RF			

Allergies

<u>Allergen/Ingredient</u>	<u>Brand</u>	<u>Reaction:</u>
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Pope, Aisha
 228305
 [REDACTED]

Propoxyphene
Penicillins
Acetaminophen
Metronidazole

Darvocet

Davocet

Itch

Physical Exam

Document generated by: Donna M. Rohrs, PA 01/24/2018 3:05 PM

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 02/06/2018 3:14 PM
 VISIT TYPE: Provider Visit-scheduled

Chief Complaint/Reason for visit:

This 45 year old female presents with recheck colon ca.

History of Present Illness

1. recheck colon CA

Additional comments:

Pt had a left colectomy on 11/22/17 for colon CA. This was staged at T3N0. Oncologist recommended testing for Lyncch Syndrome. When RN Supervisor met with pt she refused to sign the consent form. Today pt says she had questions that she had but did not recieve the answers she needed to make her feel comfortable signing the consent. At previous appointments Lynch syndrome was explained to the pt and the reason testing was requested and ACOG approved was also explained. Today, Lynch syndrome as explained to the patient again and 2 handouts reviewed and given to the pt. We talked about needing to know if she was positive for Lynch syndrome because follow up for colon cancer would likley change and surveillance for other cancers associated with Lynch syndrome would need to be scheduled. Also discussed that if the test is positive that this would be important information for her family as they should be tested as well. Pt also had concerns that she did not want to be charged for the test. Explained to pt that testing had been approved by the ACOG so she will not have to pay for testing. Pt signed consent for the testing. Reviewed with pt again that if testing is positive will request a genetic counselor appt.

Pt says she has some nausea and vomiting the last few days. No abdominal pain or fever. She does not want to go on a liquid diet for a few days. BMs are better since the surgery. She does not want a renewal of Dulcolax. Urination normal.

reviewed 1/24/18 labs with pt Hgb improved

Chronic Problems

Neoplasm, Malignant, colon
 Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

Drug Name	Dose	Qty	Description
Vitamin E		1	Topical to incision site BID x 3-months. (Choices patient), (kite for refill)
Ms Contin	30 Mg	60	Restricted 1 tab noon and qhs Choices patient
Zyprexa	2.5 Mg	30	1qhs
Vistaril	50 Mg	60	2qhs or 1qhs if she requests-- please continue Benadryl until vist. comes
Alum-mag Hydroxide-simethicone	200 Mg-200 Mg-20 Mg/5 MI	1	30 cc bid #1 bottle
Aspirin Ec	81 Mg	30	1 po qd
Lamictal	25 Mg	60	2 qhs with the 100mg
Prozac	10 Mg	30	1 at hs with the 20mg
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Prozac	20 Mg	30	Take one by mouth at bedtime

Pope, Aisha

228305

MICHIGAN DEPARTMENT OF CORRECTIONS



Kite Response

Patient Name	Aisha Pope	Age	45 Years
Date Received	02/07/2018		
Time Received	3:49 PM		
Taken By	Donna M. Rohrs, PA		
Date Initiated			

Action & Resolution

<u>Date</u>	<u>Time</u>	<u>User</u>	<u>Detail</u>
02/07/2018	3:51 PM	Donna M. Rohrs, PA	Reason: Comment I needed to fill out additional paperwork for the genetic test and send it to Lansing in order to have the test billed correctly. We will call you out likely next week to draw the blood.

Other

Comment: I needed to fill out additional paperwork for the genetic test and send it to Lansing in order to have the test billed correctly. We will call you out likely next week to draw the blood..

Pope, Aisha

228305


PATIENT: Aisha Pope
ADDENDUM TO VISIT: (02/06/2018 3:14 PM) 02/07/2018 3:15 PM
ADDENDUM DATE: 02/07/2018 3:15 PM
PROVIDER: Donna M. Rohrs PA

ADDENDUM:

Per RN Supervisor 407 needed for Lynch testing for billing purposes instead of ACMO approval (ACMO previously approved) per Corizon. See 2/7/18 3:16 pm encounter

Provider: Donna M. Rohrs PA

Document generated by: Donna M. Rohrs, PA 02/07/2018 3:15 PM

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 02/07/2018 3:16 PM
 VISIT TYPE: Chart Update

Chief Complaint/Reason for visit:

This 45 year old female presents with chart review.

History of Present Illness**1. Chart Review**

Additional comments:

Per RN Supervisor 407 needed for Lynch testing for billing purposes instead of ACMO approval (ACMO had approved) per Corizon. Done in this encounter. Pt notified by kite response.

Chronic Problems

Neoplasm, Malignant, colon
 Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

Drug Name	Dose	Qty	Description
Vitamin E		1	Topical to incision site BID x 3-months. (Choices patient), (kite for refill)
Ms Contin	30 Mg	60	Restricted 1 tab noon and qhs Choices patient
Zyprexa	2.5 Mg	30	1qhs
Vistaril	50 Mg	60	2qhs or 1qhs if she requests-- please continue Benadryl until vist. comes
Alum-mag Hydroxide-simethicone	200 Mg-200 Mg-20 Mg/5 MI	1	30 cc bid #1 bottle
Aspirin Ec	81 Mg	30	1 po qd
Lamictal	25 Mg	60	2 qhs with the 100mg
Prozac	10 Mg	30	1 at hs with the 20mg
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Prozac	20 Mg	30	Take one by mouth at bedtime
Liquitears	1.4 %	1	1 gtt each eye BID
Zocor	40 Mg	30	take one by mouth at bedtime
Ferrous Sulfate	325 Mg (65 Mg Iron)		90 Take 1 by mouth 2 times a day
Tums	200 Mg Calcium (500 Mg)	150	Take one PO three times a day as needed
Betamethasone Valerate	0.1 %	0	apply topically to affected area twice per day
15 gm kite for RF			

Allergies

Allergen/Ingredient	Brand	Reaction:
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

Pope, Aisha
 228305
 [REDACTED]

Physical Exam

Assessment/ Plan

Neoplasm, Malignant, colon (153)

Office Services

<u>Status</u>	<u>ApptDate</u>	<u>Timeframe</u>	<u>Order</u>	<u>Reason</u>	<u>!</u>
nterpretation Value					
ordered	02/13/2018		Chart Review/Update : Rohrs: see if 407 approved for Colaris test and		
have pt called out	**DON'T MOVE				

Document generated by: Donna M. Rohrs, PA 02/07/2018 3:53 PM

Pope, Aisha
228305

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Donna M. Rohrs, PA 02/07/2018 3:16 PM****Patient: Aisha Pope****ID#: 228305****DOB:** [REDACTED]

On-Site Clinic

Routine

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):

MDOC

Reference #:

Date of Request: 02/07/2018

For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.

Procedure/Test Requested: Colaris Testing for Lynch Syndrome (blood draw to be done at facility)**Initial Visit or F/U?** Initial Visit**Presumed Diagnosis:**

Neoplasm, Malignant, colon

153

Signs & Symptoms:**Date of Onset:**

Pt is a 45 year old AA. She had a left colectomy on 11/22/17 for colon CA. This was staged at T3N0. Pt had a follow up with Oncology 12/22/17. Oncologist states in dictation that no chemo needed, recommends: Genetics consult or Colaris testing for Lynch Syndrome. ACOG approved the test on 12/29/17 but per WHV RN Supervisor discussion with Corizon, a 407 is needed for billing purposes.

Lab & Xray Data

We already have the Colaris test kit at the facility and have completed the necessary paperwork (except billing info).

Per Up to Date:

"Candidates for genetic evaluation

All newly diagnosed patients with CRC (colorectal CA) (alternatively, those diagnosed prior to age 70 years)"

Enrolled in Chronic Care Clinic(s)? YesClinicChronic ConditionCodeLast Visit

Good

Hyperlipidemia

WHV

09/26/2016

Current Active Medications:Start DateStop DateMedication NameSig Desc

05/09/2017 05/09/2018 betamethasone valerate 0.1 % topical cream apply topically to affected area twice per day 15 gm kite for RF

06/21/2017 06/21/2018 Tums 200 mg calcium (500 mg) chewable tablet Take one PO three times a day as needed

08/04/2017 08/04/2018 ferrous sulfate 325 mg (65 mg iron) tablet, delayed release

Take 1 by mouth 2

NAME: Pope, Aisha K

NUMBER: 228305

D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Donna M. Rohrs, PA 02/07/2018 3:16 PM**

times a day

11/13/2017 11/13/2018 Zocor 40 mg tablet	take one by mouth at bedtime
12/02/2017 03/02/2018 LiquiTears 1.4 % eye drops	1 gtt each eye BID
12/05/2017 06/07/2018 Lamictal 100 mg tablet	take one by mouth at bedtime with the 50mg
12/05/2017 06/07/2018 Lamictal 25 mg tablet	2 qhs with the 100mg
12/05/2017 06/07/2018 Prozac 10 mg capsule	1 at hs with the 20mg
12/05/2017 06/07/2018 Prozac 20 mg capsule	Take one by mouth at bedtime
12/29/2017 12/28/2018 aspirin 81 mg tablet,delayed release	1 po qd
01/16/2018 03/16/2018 aluminum-mag hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral susp	30 cc
bid #1 bottle	
01/30/2018 07/31/2018 Vistaril 50 mg capsule	2qhs or 1qhs if she requests-- please continue
Benadryl until vist. comes	
01/30/2018 07/31/2018 Zyprexa 2.5 mg tablet	1qhs
01/31/2018 03/03/2018 MS Contin 30 mg tablet,extended release	Restricted 1 tab noon and qhs Choices
patient	
02/02/2018 06/02/2018 vitamin E topical cream	Topical to incision site BID x 3-months. (Choices
patient), (kite for refill)	

Site Medical Provider: Donna M. Rohrs PA

02/07/2018

(For UM use only)

Criteria Source:	M & R	Interqual	Other
Criteria met:	Yes	No	Deferred

Reviewer comments:**Recommendation for visit appointment:****# Visits:****UM Review #:****Reviewer Name:****Date Reviewed:**

Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.

NAME: Pope, Aisha K
 NUMBER: 228305
 D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Kaelynn R. Pfeil (02/07/2018 3:16 PM) 02/09/2018 11:57 AM****Patient: Aisha Pope****ID#: 228305****DOB:** [REDACTED]

On-Site Clinic

Routine

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):

MDOC

Reference #:

Date of Request: 02/07/2018

For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.

Procedure/Test Requested: Colaris Testing for Lynch Syndrome (blood draw to be done at facility)**Initial Visit or F/U?** Initial Visit**Presumed Diagnosis:**

Neoplasm, Malignant, colon

153

Signs & Symptoms:**Date of Onset:**

Pt is a 45 year old AA. She had a left colectomy on 11/22/17 for colon CA. This was staged at T3N0. Pt had a follow up with Oncology 12/22/17. Oncologist states in dictation that no chemo needed, recommends: Genetics consult or Colaris testing for Lynch Syndrome. ACOG approved the test on 12/29/17 but per WHV RN Supervisor discussion with Corizon, a 407 is needed for billing purposes.

Lab & Xray Data

We already have the Colaris test kit at the facility and have completed the necessary paperwork (except billing info).

Per Up to Date:

"Candidates for genetic evaluation

All newly diagnosed patients with CRC (colorectal CA) (alternatively, those diagnosed prior to age 70 years)"

Enrolled in Chronic Care Clinic(s)? YesClinicChronic ConditionCodeLast Visit

Good

Hyperlipidemia

WHV

09/26/2016

Current Active Medications:Start DateStop DateMedication NameSig Desc

05/09/2017 05/09/2018 betamethasone valerate 0.1 % topical cream apply topically to affected area twice per day 15 gm kite for RF

06/21/2017 06/21/2018 Tums 200 mg calcium (500 mg) chewable tablet Take one PO three times a day as needed

08/04/2017 08/04/2018 ferrous sulfate 325 mg (65 mg iron) tablet, delayed release

Take 1 by mouth 2

NAME: Pope, Aisha K

NUMBER: 228305

D.O.B.: [REDACTED]

**MICHIGAN DEPARTMENT OF CORRECTIONS
CONSULTATION**

SITE: WHV

COMPLETED BY: Kaelynn R. Pfeil (02/07/2018 3:16 PM) 02/09/2018 11:57 AM

times a day

11/13/2017 11/13/2018 Zocor 40 mg tablet	take one by mouth at bedtime
12/02/2017 03/02/2018 LiquiTears 1.4 % eye drops	1 gtt each eye BID
12/05/2017 06/07/2018 Lamictal 100 mg tablet	take one by mouth at bedtime with the 50mg
12/05/2017 06/07/2018 Lamictal 25 mg tablet	2 qhs with the 100mg
12/05/2017 06/07/2018 Prozac 10 mg capsule	1 at hs with the 20mg
12/05/2017 06/07/2018 Prozac 20 mg capsule	Take one by mouth at bedtime
12/29/2017 12/28/2018 aspirin 81 mg tablet,delayed release	1 po qd
01/16/2018 03/16/2018 aluminum-mag hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral susp	30 cc
bid #1 bottle	
01/30/2018 07/31/2018 Vistaril 50 mg capsule	2qhs or 1qhs if she requests-- please continue
Benadryl until vist. comes	
01/30/2018 07/31/2018 Zyprexa 2.5 mg tablet	1qhs
01/31/2018 03/03/2018 MS Contin 30 mg tablet,extended release	Restricted 1 tab noon and qhs Choices
patient	
02/02/2018 06/02/2018 vitamin E topical cream	Topical to incision site BID x 3-months. (Choices
patient), (kite for refill)	

Site Medical Provider: Donna M. Rohrs PA

02/07/2018

(For UM use only)

Criteria Source: M & R	Interqual	Other
Criteria met: Yes	No	X Deferred

Reviewer comments: ATP: medical necessity not demonstrated at this time. Why are we considering the test? How does this test affect this patient?

Recommendation for visit appointment:

Visits:

UM Review #:

Reviewer Name: Papendick, Keith, MD

Date Reviewed: 02/09/2018

NAME: Pope, Aisha K
NUMBER: 228305
D.O.B.: [REDACTED]

Review of Systems**Constitutional:**

Negative for fatigue, fever and night sweats.

Genitourinary:

Positive for:

- Menarche age was 10.
- Menorrhagia.
- Menses. The flow is heavy.

Negative for dysuria, hematuria and oral contraception.

Physical Exam

Constitutional: No apparent distress. Well nourished and well developed.

Genitourinary:

Internal Gyn: The chaperone for the exam was Atarah Ware.

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Comments: emb findings were discussed, benign findings,.

Assessment/ Plan**Excessive menstruation (626.2)**

- emb was neg , pp offered trial of low dose provera , but not ready to take side effects & risks

Anemia (285.9)

- pp on po iron , continue same
- keep a calendar of cycles for 3 months notify h/c if problem gets worse

Office Services

<u>Status</u>	<u>ApptDate</u>	<u>Timeframe</u>	<u>Order</u>	<u>Reason</u>	<u>!</u>
nterpretation	Value				
ordered	05/14/2018		On-Site : f/u menorrahgia		

Instructions / Education

<u>Status</u>	<u>Completed</u>	<u>Order</u>	<u>Reason</u>
completed	02/14/2018	Discussed risk/ benefits/ side effects of treatment	
completed	02/14/2018	Patient was reassured	
completed	02/14/2018	Patient education provided and patient voiced understanding	
completed	02/14/2018	Reviewed diagnostic study results with patient	

Document generated by: Mohammad I. Azimi, MD 02/14/2018 3:29 PM

<u>Status</u>	<u>ApptDate</u>	<u>Timeframe</u>	<u>Order</u>	<u>Reason</u>	<u>I</u>
nterpretation Value					
ordered	02/16/2018		Chart Review/Update	: MS contin inmate is still trying to cheek, she has been having people stand in front of her so that I can't keep my eye on her and then today she left after sitting for only 4 min. Didn't notify nurse when she left. DO NOT MOVE	

Document generated by: Nicole Cloum, LPN 02/15/2018 2:13 PM

**MICHIGAN DEPARTMENT OF CORRECTIONS
CONSULTATION**

SITE: WHV

COMPLETED BY: Connie McCool (02/15/2018 8:32 AM) 02/20/2018 10:17 AM

Patient: Aisha Pope

ID#: 228305

DOB: [REDACTED]

On-Site Clinic

Routine

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):

MDOC

Reference #:

Date of Request: 02/15/2018

For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.

Procedure/Test Requested: Colaris Testing for Lynch Syndrome (blood draw to be done at facility)

Initial Visit or F/U? Initial Visit

Presumed Diagnosis:

Neoplasm, Malignant, colon

153

Signs & Symptoms:

Date of Onset:

Pt is a 45 year old AA. She had a left colectomy on 11/22/17 for colon CA. This was staged at T3N0. Pt had a follow up with Oncology 12/22/17. Oncologist states in dictation that no chemo needed, recommends: Genetics consult or Colaris testing for Lynch Syndrome. ACOG approved the test on 12/29/17 but per WHV RN Supervisor discussion with Corizon, a 407 is needed for billing purposes.

Lab & Xray Data

We already have the Colaris test kit at the facility and have completed the necessary paperwork (except billing info).

Per Up to Date:

"Candidates for genetic evaluation

All newly diagnosed patients with CRC (colorectal CA) (alternatively, those diagnosed prior to age 70 years)"

Previous request on 2/7/18 was ATP'd on 2/9/18, "ATP: medical necessity not demonstrated at this time. Why are we considering the test? How does this test affect this patient?"

Failed Outpatient Therapies:

If the patient tests positive for Lynch Syndrome, she has increased risk of other cancers so cancer surveillance will be different than a patient that does not have Lynch Syndrome. If the patient is positive on the test then family members should also be tested since Lynch Syndrome is a genetic mutation.

Per Up to Date, " Individuals with Lynch syndrome have an increased risk of colorectal and endometrial cancer [1]. Other sites of cancer include the ovary, stomach, small bowel, hepatobiliary system, renal pelvis, ureter, brain, and skin. There may also be an increased risk of breast, prostate, and pancreatic cancer in individuals with Lynch

NAME: Pope, Aisha K

NUMBER: 228305

D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Connie McCool (02/15/2018 8:32 AM) 02/20/2018 10:17 AM**

syndrome. Among individuals with Lynch syndrome, the lifetime cancer risk and therefore some screening recommendations vary by genotype."

Per Up to Date "Individuals with Lynch syndrome should undergo screening for CRC and extracolonic cancers. We suggest the following approach;" (see comment section below)

Enrolled in Chronic Care Clinic(s)? Yes

<u>Clinic</u>	<u>Chronic Condition</u>	<u>Code</u>	<u>Last Visit</u>
Good	Hyperlipidemia	WHV	09/26/2016

Current Active Medications:

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication Name</u>	<u>Sig Desc</u>
05/09/2017	05/09/2018	betamethasone valerate 0.1 % topical cream	apply topically to affected area twice per day 15 gm kite for RF
06/21/2017	06/21/2018	Tums 200 mg calcium (500 mg) chewable tablet	Take one PO three times a day as needed
08/04/2017	08/04/2018	ferrous sulfate 325 mg (65 mg iron) tablet, delayed release	Take 1 by mouth 2 times a day
11/13/2017	11/13/2018	Zocor 40 mg tablet	take one by mouth at bedtime
12/02/2017	03/02/2018	LiquiTears 1.4 % eye drops	1 gtt each eye BID
12/05/2017	06/07/2018	Lamictal 100 mg tablet	take one by mouth at bedtime with the 50mg
12/05/2017	06/07/2018	Lamictal 25 mg tablet	2 qhs with the 100mg
12/05/2017	06/07/2018	Prozac 10 mg capsule	1 at hs with the 20mg
12/05/2017	06/07/2018	Prozac 20 mg capsule	Take one by mouth at bedtime
12/29/2017	12/28/2018	aspirin 81 mg tablet, delayed release	1 po qd
01/16/2018	03/16/2018	aluminum-mag hydroxide-simethicone 200 mg-200 mg-20 mg/5 mL oral susp	30 cc bid #1 bottle
01/30/2018	07/31/2018	Vistaril 50 mg capsule	2qhs or 1qhs if she requests-- please continue Benadryl until vist. comes
01/30/2018	07/31/2018	Zyprexa 2.5 mg tablet	1qhs
01/31/2018	03/03/2018	MS Contin 30 mg tablet, extended release	Restricted 1 tab noon and qhs Choices patient
02/02/2018	06/02/2018	vitamin E topical cream	Topical to incision site BID x 3-months. (Choices patient), (kite for refill)

Comments •Annual colonoscopy starting between the ages of 20 and 25 years, or two to five years prior to the earliest age of CRC diagnosis in the family, whichever comes first. In families with MSH6 or PMS2 mutations, screening can start at age 25 to 30 or two to five years prior to the earliest CRC in the family, unless an early-onset CRC has been diagnosed in a given family.

•Annual screening for endometrial and ovarian cancer with pelvic examination, endometrial biopsy, and transvaginal ultrasound beginning at age 30 to 35 years, or three to five years earlier than the earliest age of diagnosis of these cancers in the family (whichever is earlier). We offer prophylactic hysterectomy and salpingo-oophorectomy in women with Lynch syndrome at the end of childbearing or at age 40 years.

Upper endoscopy with biopsy of the gastric antrum starting at 30 to 35 years and treatment of Helicobacter pylori infection when found on biopsy. We perform a repeat upper endoscopy every two to three years

Site Medical Provider: Donna M. Rohrs PA

02/15/2018

NAME: Pope, Aisha K
NUMBER: 228305
D.O.B.: [REDACTED]

**MICHIGAN DEPARTMENT OF CORRECTIONS
CONSULTATION**

SITE: WHV

COMPLETED BY: Connie McCool (02/15/2018 8:32 AM) 02/20/2018 10:17 AM
(For UM use only)

Criteria Source: M & R Interqual Other
Criteria met: Yes No X Deferred

Reviewer comments:

ATP: Medical necessity not demonstrated at this time. If Resubmitting the MMR and MSI testing should be included.

Recommendation for visit appointment:

Visits:

UM Review #:

Reviewer Name: Papendick, Keith, MD

Date Reviewed: 02/20/2018

Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.

NAME: Pope, Aisha K
NUMBER: 228305
D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 03/07/2018 9:17 AM
 VISIT TYPE: Provider Visit-scheduled

Chief Complaint/Reason for visit:

This 45 year old female presents with recheck colon ca s/p excision nov. 2016.

History of Present Illness

1. recheck colon CA s/p excision Nov. 2016

Additional comments:

Pt is 45 yr old AA. She was diagnosed with colon CA last year and had a left colectomy on 11/22/17. This was staged at T3N0. Pt had a follow up with Oncology 12/22/17. Oncologist states in dictation that no chemo needed, recommends: Genetics consult or Colaris testing for Lynch Syndrome. ACMO approved the test on 12/29/17 but per WHV RN Supervisor discussion with Corizon, a 407 is needed for billing purposes. 407's x 2 were ATP'd. The first ATP response (to the 2/7/18 407) was, "medical necessity not demonstrated at this time. Why are we considering the test? How does this test affect this patient?" Additional information from Up To Date was added to the subsequent 407 regarding the importance of the test in regards to additional surveillance for additional cancers if the Lynch test is positive. The second ATP response (to the 2/15/18 407, see 8:32 a.m. addendum), "ATP: Medical necessity not demonstrated at this time. If Resubmitting the MMR and MSI testing should be included."

Pt is here today to discuss the ATP responses and to complete the MMR predict model (<http://hnpccpredict.hgu.mrc.ac.uk/>). In response to the predict model the pt is a female diagnosed at 45 years of age with a proximal colon tumor. The Synchronous and/or metachronous tumours score is 0 due to no mets at time of dx or at another time thus far. The predict model became problematic when examining the FH of colorectal cancer. According to the patient, her mother passed away at 34 years old due to a drug overdose, her father passed away at 42 yrs old of the same. She is an only child. Based on the model using different variables for colorectal CA FH and endometrial CA FH the patient's risk would run from 3% to 99%.

MSI testing was not done when the tumor was removed.

Pt says today that she has pain in her upper abdomen, lower back, and L "butt cheek." The pain is described as "achy and constant." She reports flatus with no help with Mylanta with Simethicone. She says her BMs are normal, brown in color, no observed blood. Normal urination. She is concerned about cancer recurrence. She expresses frustration regarding the genetic testing responses and anger, then later becomes tearful. Pt says she wants to continue with the current dosing of MS contin. She is a choices pt. She is also a BH pt and was seen today by the Psychiatrist.

Additional concerns include never receiving Vitamin E cream for scar on abdomen. Ice chip detail was renewed at th last visit for probable picca related to anemia. The Physician asked for this to be reviewed today for continuation.

Chronic Problems

Neoplasm, Malignant, colon
 Hyperlipidemia NEC/NOS

Medications Active Prior to Today's Visit

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Prozac	20 Mg	60	TWO BY MOUTH AT 6PM
			Pope, Aisha
			228305

Zyprexa	2.5 Mg	60	2qhs or 1qhs if she requests
Ms Contin	30 Mg	60	Restricted 1 tab noon and qhs Choices
patient			
Vistaril	50 Mg	60	2qhs or 1qhs if she requests-- please
continue Benadryl until vist. comes			
Alum-mag Hydroxide-simethicone	200 Mg-200 Mg-20 Mg/5 MI	1	30 cc bid #1 bottle
Aspirin Ec	81 Mg	30	1 po qd
Lamictal	25 Mg	60	2 qhs with the 100mg
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Zocor	40 Mg	30	take one by mouth at bedtime
Ferrous Sulfate	325 Mg (65 Mg Iron)	90	Take 1 by mouth 2 times a day
Tums	200 Mg Calcium (500 Mg)	150	Take one PO three times a day as
needed			
Betamethasone Valerate	0.1 %	0	apply topically to affected area twice per day
15 gm kite for RF			

AllergiesAllergen/IngredientBrandReaction:

Propoxyphene

Darvocet

Penicillins

Itch

Acetaminophen

Davocet

Metronidazole

Vital Signs

<u>Date</u>	<u>Time</u>	<u>Height</u>	<u>Weight</u>	<u>Temp</u>	<u>Bp</u>	<u>Pulse</u>	<u>Resp.</u>	<u>Pulse Ox Rest</u>	<u>Pulse Ox Amb</u>
03/07/2018	5:41 PM	63.0	171.0	97.0	135/88	86	16	99	

<u>FiO2</u>	<u>PeakFlow</u>	<u>Pain Score</u>	<u>Comments</u>
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Measured By

Donna M. Rohrs, PA

Physical Exam**Constitutional:**

Level of distress is moderate distress. Well nourished. Well developed.

Head / Face:

Facial features are symmetric.

Eyes:Right

General eye condition is normal.

Lid/lash: normal.

No injection.

No icterus.

Left

General eye condition is normal.

Lid/lash: normal.

No injection.

No icterus.

Respiratory:

Chest can be described as symmetric. Lungs clear to auscultation. There is no cough. Respiratory effort is normal.

Cardiovascular:Extra Sounds: None.Murmurs: None.Rate and Rhythm: Heart rate is regular rate. Rhythm is regular.

See also extremities. No edema is present.

Abdomen:

Bowel sounds present, no bruits.

Inspection has detected scar.

Anterior palpation reveals mild tenderness LUQ, RLQ.

There is no guarding. There is no rebound.

No hepatic enlargement.

No spleen enlargement.

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Rectum:

Comments: deferred.

Integumentary:

Comments: dry skin abdomen

Back / Spine:

Comments: pain palpation lower lumbar, no muscle spasm

Extremities:

No edema is present.

Assessment/ Plan**Neoplasm, Malignant, colon (153)****Abdominal Pain (789.0)****Backache (724.5)****- with L buttocks pain**

Plan comments: 1) stool cards x 3 issued by LPN, detail issued by MP with verbal instructions regarding the test and returning cards to HC

2) ordered abdominal and lumbar spine xrays, determine if CT request needed based on xray results

3) ACMO ice chips, pt understands

4) emailed RMD to consider appeal for ATP x 2 for Colaris testing, pt agrees

5) inactivated duplicate order for MS Contin

6) recheck 2 weeks, review xrays, review CEA drawn today, review stool cards, see if 407 for genetic testing approved

7) after appt. checked with Pharmacy regarding skin lotion options, ordered Eucerin, pt notified by kite response

7) approx 40 minutes was spent counseling patient

Medications ordered this visit

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication Name</u>	<u>Sig Desc</u>
03/07/2018	05/07/2018	Eucerin Daily Replenishing lotion	apply bid to affected area of skin Choices pt

Medications stopped this visit

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication</u>	<u>Dose</u>	<u>Sig Desc</u>
03/01/2018	03/07/2018	Ms Contin	30 Mg	Restricted 1 tab noon and qhs Choices patient

Office Services

<u>Status</u>	<u>ApptDate</u>	<u>Timeframe</u>	<u>Order</u>	<u>Reason</u>
ordered	03/21/2018		MP F/U Routine : Recheck pain, review CEA, see if 407 response,	
review Xrays				
ordered			Other: drop off sample at healthcare when completed	

Instructions / Education

<u>Status</u>	<u>Completed</u>	<u>Order</u>	<u>Reason</u>
completed	03/07/2018	Patient education provided and patient voiced understanding	

To be scheduled/ordered

<u>Status</u>	<u>Order</u>	<u>Reason</u>	<u>Assessment</u>	<u>Timeframe</u>	<u>Appointment</u>
ordered	X-ray exam of abdomen, complete	hx colon CA, abd. pain		153	03/13/2018
ordered	X-ray exam of lower spine, complete		hx colon CA, lumbar pain	153	
	03/13/2018				

Document generated by: Donna M. Rohrs, PA 03/07/2018 6:13 PMPope, Aisha
228305

ordered 03/12/2018

Chart Review/Update : IM has had consistant reported cheeking attempts of MS Contin 30mg in both noon and HS med passes along with numerous kites stating IM is selling MS Contin 30mg on yard. Please discontinue or switch medication to liquid alternat

Document generated by: Lauren K. Trudell, LPN 03/10/2018 3:47 PM

Pope, Aisha
228305

2/2

Pope-CLG-MDOC-000659

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 03/13/2018 6:10 PM
 VISIT TYPE: Chart Update

Chief Complaint/Reason for visit:

This 45 year old female presents with chart review.

History of Present Illness

1. Chart Review

Additional comments:

CRV for ACMO reqes for ice chips. Per ACMO,

"Approved x 60 days.

Please increase dose of ferrous sulfate to QID. This pt's storage iron levels is very low. You can give up to 300mg elemental iron/day. This pt was only getting 130mg daily. Once you get her iron deficiency improved she should not crave the ice. "

Also received reports pt still cheeking MS contin at noon and HS. Emailed CHOICES regarding suggestions.

Emailed RMD again regarding appeal of ATP of Colaris testing for Lynch Syndrome. See 3/7/18 9:17am note.

Chronic Problems

Neoplasm, Malignant, colon
 Hyperlipidemia NEC/NOS
 Anemia

Medications Active Prior to Today's Visit

Drug Name	Dose	Qty	Description
Eucerin		1	apply bid to affected area of skin Choices pt
Prozac	20 Mg	60	TWO BY MOUTH AT 6PM
Zyprexa	2.5 Mg	60	2qhs or 1qhs if she requests
Ms Contin	30 Mg	60	Restricted 1 tab noon and qhs Choices
patient			
Vistaril	50 Mg	60	2qhs or 1qhs if she requests-- please
continue Benadryl until vist. comes			
Alum-mag Hydroxide-simethicone	200 Mg-200 Mg-20 Mg/5 MI	1	30 cc bid #1 bottle
Aspirin Ec	81 Mg	30	1 po qd
Lamictal	25 Mg	60	2 qhs with the 100mg
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Zocor	40 Mg	30	take one by mouth at bedtime
Tums	200 Mg Calcium (500 Mg)	150	Take one PO three times a day as

Pope, Aisha

228305

needed:

Betamethasone Valerate 0.1 % 0 apply topically to affected area twice per day
 15 gm kite for RF

Allergies

<u>Allergen/Ingredient</u>	<u>Brand</u>	<u>Reaction:</u>
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

Physical Exam**Assessment/ Plan****Anemia (285.9)**

Plan comments: 1) detail for ice chips d/c'd
 2) per discussion with RN supervisor ordered RN appt bid for ice chips so visits are scheduled
 3) increased iron to qid per ACO
 4) emailed Choices re: MS contin cheeking
 5) emailed RMD again re Colaris testing appeal
 6) pt notified of ice chip decision and increase in iron
 7) follow up as scheduled

Medications ordered this visit

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication Name</u>	<u>Sig Desc</u>
03/13/2018	05/13/2018	ferrous sulfate 325 mg (65 mg iron) tablet, delayed release	1 po qid

Medications stopped this visit

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication</u>	<u>Dose</u>	<u>Sig Desc</u>
08/04/2017	03/13/2018	Ferrous Sulfate	325 Mg (65 Mg Iron)	Take 1 by mouth 2 times a day

Office Services

<u>Status</u>	<u>ApptDate</u>	<u>Timeframe</u>	<u>Order</u>	<u>Reason</u>	<u>!</u>
interpretation Value					
ordered	03/15/2018		Nurse Visit : 16 ounce cup ice chips bid x 60 days (ACMO approved)		
pls schedule bid appointments	60d				

Document generated by: Donna M. Rohrs, PA 03/13/2018 6:39 PM

Pope, Aisha
 228305

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 03/15/2018 3:00 PM
 VISIT TYPE: Chart Update

Chief Complaint/Reason for visit:

This 45 year old female presents with chart review.

History of Present Illness**1. Chart Review**

Additional comments:

Several reports from medline Nurses that pt cheeking MS continue and may be selling it. Emailed Choices to weigh in on drug testing pt and then switching her over to MS IR liquid 10 mg tid. Both Choices Physician and Choices Manager agree. Ordered lab, also ordered PHS2 to check anemia with increase in iron and follow up on other labs. Pt has MP appt. next week will adress change in medication at that time. Reviewed 3/7/18 CEA 3.39 (elevated) will discuss at appt.

Chronic Problems

Neoplasm, Malignant, colon
 Hyperlipidemia NEC/NOS
 Anemia

Medications Active Prior to Today's Visit

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Ferrous Sulfate	325 Mg (65 Mg Iron)		120 1 po qid
Eucerin		1	apply bid to affected area of skin Choices pt
Prozac	20 Mg	60	TWO BY MOUTH AT 6PM
Zyprexa	2.5 Mg	60	2qhs or 1qhs if she requests
Ms Contin	30 Mg	60	Restricted 1 tab noon and qhs Choices
patient			
Vistaril	50 Mg	60	2qhs or 1qhs if she requests-- please
continue Benadryl until vist. comes			
Alum-mag Hydroxide-simethicone	200 Mg-200 Mg-20 Mg/5 MI	1	30 cc bid #1 bottle
Aspirin Ec	81 Mg	30	1 po qd
Lamictal	25 Mg	60	2 qhs with the 100mg
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Zocor	40 Mg	30	take one by mouth at bedtime
Tums	200 Mg Calcium (500 Mg)	150	Take one PO three times a day as
needed			
Betamethasone Valerate	0.1 %	0	apply topically to affected area twice per day
15 gm kite for RF			

Allergies

<u>Allergen/Ingredient</u>	<u>Brand</u>	<u>Reaction:</u>
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

Pope, Aisha
 228305
 [REDACTED]

Physical Exam

Assessment/ Plan

Neoplasm, Malignant, colon (153)

Lab Studies

<u>Status</u>	<u>Lab Code</u> <u>Comments</u>	<u>Lab Study</u>	<u>Timeframe</u>	<u>Date</u>
ordered	PHS2 Fasting.	Comp Panel + CBC/Plt/Thyroid		03/19/2018
ordered	BTOX Fasting.	SERUM DRUG SCREEN		03/19/2018

Document generated by: Donna M. Rohrs, PA 03/15/2018 3:08 PM

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Donna M. Rohrs, PA 03/27/2018 5:09 PM****Patient: Aisha Pope****ID#: 228305****DOB:** [REDACTED]

Off-site

Routine

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):

MDOC

Reference #:

Date of Request: 03/27/2018

For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.

Procedure/Test Requested: hx of colon CA, CEA elevated, please evaluate and recommend treatment plan

Specialty Service Requested: Oncology**Provider:** Dr. Trimble**Initial Visit or F/U?** F/U**Presumed Diagnosis:**

Neoplasm, Malignant, colon

153

Anemia

285.9

Signs & Symptoms:**Date of Onset:**

Pt is a 45 yr old AA. She had a left colectomy on 11/22/17 for colon CA. This was staged at T3N0. Pt had a follow up with Oncology 12/22/17. Oncologist recommended follow up in 4 months. This was ATP'd, "ATP: Medical necessity not demonstrated at this time. Surveillance is completed on site by MSP utilizing NCCN guidelines." Pt has been complaining of abdominal pain and lower back pain. She denies constipation, loose stools. Urination normal. CEA is elevated.

Lab & Xray Data

3/7/18 CEA 3.39

See 3/13/18 lumbar and abdominal xrays: arthritis and constipation

Stool for OB neg x 3 (3/7, 3/8, 3/9/18)

Exam 3/27/18: pain palpation lower lumbar, no muscle spasm

Abd: BSx4, soft, NT, no RRG

Failed Outpatient Therapies:

pt has been taking MS contin for pain

Enrolled in Chronic Care Clinic(s)? YesClinicChronic Condition

Good

Hyperlipidemia

Code

WHV

Last Visit

09/26/2016

NAME: Pope, Aisha K

NUMBER: 228305

D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Donna M. Rohrs, PA 03/27/2018 5:09 PM****Current Active Medications:**

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication Name</u>	<u>Sig Desc</u>
05/09/2017	05/09/2018	betamethasone valerate 0.1 % topical cream	apply topically to affected area twice per day 15 gm kite for RF
06/21/2017	06/21/2018	Tums 200 mg calcium (500 mg) chewable tablet	Take one PO three times a day as needed
11/13/2017	11/13/2018	Zocor 40 mg tablet	take one by mouth at bedtime
12/05/2017	06/07/2018	Lamictal 100 mg tablet	take one by mouth at bedtime with the 50mg
12/05/2017	06/07/2018	Lamictal 25 mg tablet	2 qhs with the 100mg
12/29/2017	12/28/2018	aspirin 81 mg tablet, delayed release	1 po qd
01/30/2018	07/31/2018	Vistaril 50 mg capsule	2qhs or 1qhs if she requests-- please continue Benadryl until vist. comes
03/04/2018	04/03/2018	MS Contin 30 mg tablet, extended release	Restricted 1 tab noon and qhs Choices patient
03/06/2018	09/06/2018	Prozac 20 mg capsule	TWO BY MOUTH AT 6PM
03/06/2018	09/06/2018	Zyprexa 2.5 mg tablet	2qhs or 1qhs if she requests
03/07/2018	05/07/2018	Eucerin Daily Replenishing lotion	apply bid to affected area of skin Choices pt
03/13/2018	05/13/2018	ferrous sulfate 325 mg (65 mg iron) tablet, delayed release	1 po qid
03/27/2018	04/28/2018	Beano 150 unit tablet	take 3 tablets during meals with vegetables and beans Choices patient
03/27/2018	04/28/2018	morphine 10 mg/5 mL oral solution	5 ml tid restricted STOP MS contin when receive this medication 480 mL (extra mLs to account for any spillage)

Site Medical Provider: Donna M. Rohrs PA 03/27/2018

(For UM use only)

Criteria Source:	M & R	Interqual	Other
Criteria met:	Yes	No	Deferred

Reviewer comments:**Recommendation for visit appointment: 3 Weeks****# Visits:****UM Review #:****Reviewer Name:****Date Reviewed:**

NAME: Pope, Aisha K
 NUMBER: 228305
 D.O.B.: [REDACTED]

**MICHIGAN DEPARTMENT OF CORRECTIONS
CONSULTATION**

SITE: WHV

COMPLETED BY: Donna M. Rohrs, PA 03/27/2018 5:09 PM

Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.

NAME: Pope, Aisha K
NUMBER: 228305
D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Connie McCool (03/27/2018 5:09 PM) 04/02/2018 11:01 AM****Patient: Aisha Pope****ID#: 228305****DOB:** [REDACTED]

Off-site

Routine

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):

MDOC

Reference #: 00703469

Date of Request: 03/27/2018

For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.

Procedure/Test Requested: hx of colon CA, CEA elevated, please evaluate and recommend treatment plan

Specialty Service Requested: Oncology**Provider:** Dr. Trimble**Initial Visit or F/U?** F/U**Presumed Diagnosis:**

Neoplasm, Malignant, colon

153

Anemia

285.9

Signs & Symptoms:**Date of Onset:**

Pt is a 45 yr old AA. She had a left colectomy on 11/22/17 for colon CA. This was staged at T3N0. Pt had a follow up with Oncology 12/22/17. Oncologist recommended follow up in 4 months. This was ATP'd, "ATP: Medical necessity not demonstrated at this time. Surveillance is completed on site by MSP utilizing NCCN guidelines." Pt has been complaining of abdominal pain and lower back pain. She denies constipation, loose stools. Urination normal. CEA is elevated.

Lab & Xray Data

3/7/18 CEA 3.39

See 3/13/18 lumbar and abdominal xrays: arthritis and constipation

Stool for OB neg x 3 (3/7, 3/8, 3/9/18)

Exam 3/27/18: pain palpation lower lumbar, no muscle spasm

Abd: BSx4, soft, NT, no RRG

Failed Outpatient Therapies:

pt has been taking MS contin for pain

Enrolled in Chronic Care Clinic(s)? YesClinicChronic Condition

Good

Hyperlipidemia

CodeLast Visit

WHV

09/26/2016

NAME: Pope, Aisha K

NUMBER: 228305

D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV

COMPLETED BY: Connie McCool (03/27/2018 5:09 PM) 04/02/2018 11:01 AM

Current Active Medications:

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication Name</u>	<u>Sig Desc</u>
05/09/2017	05/09/2018	betamethasone valerate 0.1 % topical cream	apply topically to affected area twice per day 15 gm kite for RF
06/21/2017	06/21/2018	Tums 200 mg calcium (500 mg) chewable tablet	Take one PO three times a day as needed
11/13/2017	11/13/2018	Zocor 40 mg tablet	take one by mouth at bedtime
12/05/2017	06/07/2018	Lamictal 100 mg tablet	take one by mouth at bedtime with the 50mg
12/05/2017	06/07/2018	Lamictal 25 mg tablet	2 qhs with the 100mg
12/29/2017	12/28/2018	aspirin 81 mg tablet, delayed release	1 po qd
01/30/2018	07/31/2018	Vistaril 50 mg capsule	2qhs or 1qhs if she requests-- please continue Benadryl until vist. comes
03/04/2018	04/03/2018	MS Contin 30 mg tablet, extended release	Restricted 1 tab noon and qhs Choices patient
03/06/2018	09/06/2018	Prozac 20 mg capsule	TWO BY MOUTH AT 6PM
03/06/2018	09/06/2018	Zyprexa 2.5 mg tablet	2qhs or 1qhs if she requests
03/07/2018	05/07/2018	Eucerin Daily Replenishing lotion	apply bid to affected area of skin Choices pt
03/13/2018	05/13/2018	ferrous sulfate 325 mg (65 mg iron) tablet, delayed release	1 po qid
03/27/2018	04/28/2018	Beano 150 unit tablet	take 3 tablets during meals with vegetables and beans Choices patient
03/27/2018	04/28/2018	morphine 10 mg/5 mL oral solution	5 ml tid restricted STOP MS contin when receive this medication 480 mL (extra mLs to account for any spillage)

Site Medical Provider: Donna M. Rohrs PA 03/27/2018

(For UM use only)

Criteria Source: M & R Interqual Other
Criteria met: Yes X No Deferred

Reviewer comments:

Oncology follow up

Recommendation for visit appointment: 3 Weeks

Visits:

UM Review #:

Reviewer Name: Papendick, Keith, MD

Date Reviewed: 04/02/2018

NAME: Pope, Aisha K
 NUMBER: 228305
 D.O.B.: [REDACTED]

Vital Signs

<u>Date</u>	<u>Time</u>	<u>Height</u>	<u>Weight</u>	<u>Temp</u>	<u>Bp</u>	<u>Pulse</u>	<u>Resp.</u>	<u>Pulse Ox Rest</u>	<u>Pulse Ox Amb</u>
04/05/2018	7:11 PM	63.0	182.0	98.2	135/89	83	16	99	

<u>FiO2</u>	<u>PeakFlow</u>	<u>Pain Score</u>	<u>Comments</u>

Measured By
Donna M. Rohrs, PA

Physical Exam**Constitutional:**

Level of distress is moderate distress. Well nourished. Well developed.

Head / Face:

Facial features are symmetric.

Eyes:**Right**

General eye condition is normal.

Lid/lash: normal.

No injection.

No icterus.

Left

General eye condition is normal.

Lid/lash: normal.

No injection.

No icterus.

Respiratory:

Chest can be described as symmetric. Lungs clear to auscultation. There is no cough. Respiratory effort is normal.

Cardiovascular:

Extra Sounds: None.

Murmurs: None.

Rate and Rhythm: Heart rate is regular rate. Rhythm is regular.

See also extremities. No edema is present.

Abdomen:

Bowel sounds present, no bruits. Soft, nontender, no organomegaly.

Inspection has detected scar.

There is no guarding. There is no rebound.

Extremities:

No edema is present.

Neurological:

Level of Consciousness: Normal.

Orientation: Alert and oriented X 3. Grossly normal intellect. .

Memory: Intact. .

Balance & Gait: Balance and gait intact. .

Psychiatric:

Comments: pt's mood ranges from frustration, anger and then crying.

Assessment/ Plan**Neoplasm, Malignant, colon (153)****- s/p L hemicolectomy**

Plan comments: 1) spent approx 40 minutes with pt, informed her that Oncology visit has been approved. Long discussion regarding the genetic testing for Lynch syndrome. I am currently waiting to hear back from the Regional Medical Director about appealing the ATP of Colaris test. RMD had discussed with Corizon Oncologist who reviewed the microsatellite instability report and felt that this indicated +Lynch. I reviewed the microsatellite instability report and Oncology recommendations for Lynch testing due to pt's young age at dx and microsatellite instability with onsite Physician who recommended emailing the RMD again to request the testing which I did today 4/5/18. Explained this to pt. Will notify pt when hear back from RMD. Continue to follow q 2 weeks. Pt understands but expresses frustration.

2) sent email to RN Supervisor regarding ice chips3)

3) reviewed 3/16/18 labs with pt. She says she is not taking Zocor and has not for awhile, LDL wnl, d/c'd zocor, kited for bisacodyl but said bms normal today, will not renew at this time.

Pope, Aisha

228305

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 05/02/2018 5:29 PM
 VISIT TYPE: Provider Visit-unscheduled

History of Present Illness

Additional comments:

Patient was seen to discuss the Colaris test. She was informed that the Colaris test was not approved because after reviewing her pathology report the Corizon oncologist concluded that she has Lynch syndrome and does not need another test for it. The patient was unconvinced and after much discussion I told her that I would discuss it further with her local oncologist.

Chronic Problems

Neoplasm, Malignant, colon
 Hyperlipidemia NEC/NOS
 Anemia

Medications Active Prior to Today's Visit

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Morphine Sulfate	10 Mg/5 Ml	500ml	5 ml tid restricted STOP MS contin when receive this medication 500 mL (extra mLs to account for any spillage) **Choices patient***
Vistaril	50 Mg	90	3qhs or 2qhs if she requests
Prozac	20 Mg	30	Take 1 by mouth at bedtime- new dose
Prozac	10 Mg	30	1 at hs with the 20mg
Clonidine Hcl	0.1 Mg	60	1qnoon and 1qhs - hold if dizzy or BP < 90/60
Ferrous Sulfate	325 Mg (65 Mg Iron)		120 1 po qid
Eucerin		1	apply bid to affected area of skin Choices pt
Aspirin Ec	81 Mg	30	1 po qd
Lamictal	25 Mg	60	2 qhs with the 100mg
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Tums	200 Mg Calcium (500 Mg)		150 Take one PO three times a day as needed
Betamethasone Valerate	0.1 %	0	apply topically to affected area twice per day
15 gm kite for RF			

Allergies

<u>Allergen/Ingredient</u>	<u>Brand</u>	<u>Reaction:</u>
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

Pope, Aisha
 228305
 [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Kaelynn R. Pfeil (05/16/2018 6:34 PM) 05/18/2018 1:55 PM****Patient: Aisha Pope****ID#: 228305****DOB:** [REDACTED]

On-Site Clinic

Routine

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):

MDOC

Reference #: 48876

Date of Request: 05/16/2018

For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.

Procedure/Test Requested: Colaris Testing for Lynch Syndrome (blood draw to be done at facility)**Initial Visit or F/U?** Initial Visit**Presumed Diagnosis:**

Neoplasm, Malignant, colon

153

Signs & Symptoms:**Date of Onset:**

Pt is a 45 year old AA. She had a left colectomy on 11/22/17 for colon CA. This was staged at T3N0. Pt had a follow up with Oncology 12/22/17. Oncologist states in dictation that no chemo needed, recommends: Genetics consult or Colaris testing for Lynch Syndrome. ACOG approved the test on 12/29/17 but per WHV RN Supervisor discussion with Corizon, a 407 is needed for billing purposes. Request for testing has been ATP'd twice, once for "how does this test affect the patient" which was addressed

Lab & Xray Data

in an additional 407 regarding surveillance for additional cancers that may occur with Lynch Syndrome and need for family to be tested. The additional 407 was ATP'd "If Resubmitting the MMR and MSI testing should be included." Initial 407 2/7/17 additional 407 2/15/18. At 3/7/18 appt MMR predict model (<http://hnpccpredict.hgu.mrc.ac.uk/>). was calculated and due to unknown family hx pt's risk for Lynch was between 3% to 99%. Conferred with Regional Medical Director to see if appeal was appropriate.

Failed Outpatient Therapies:

RMD conferred with Corizon Oncologist who initially thought testing was not necessary but has now reconsidered and is recommending testing. Per Corizon Oncologist, "Reconsideration Patient is + for mutation in tumor for MSH-6 I agree with need for germ line testing (colaris) for lynch syndrome in patients < age 50, even if family pedigree is negative"

Please review and approve for Colaris testing. Thank you.

Enrolled in Chronic Care Clinic(s)? YesClinic

Good

Chronic Condition

Hyperlipidemia

Code

WHV

Last Visit

09/26/2016

NAME: Pope, Aisha K

NUMBER: 228305

D.O.B.: [REDACTED]

**MICHIGAN DEPARTMENT OF CORRECTIONS
CONSULTATION**

SITE: WHV

COMPLETED BY: Kaelynn R. Pfeil (05/16/2018 6:34 PM) 05/18/2018 1:55 PM

Current Active Medications:

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication Name</u>	<u>Sig Desc</u>
06/21/2017	06/21/2018	Tums 200 mg calcium (500 mg) chewable tablet	Take one PO three times a day as needed
12/29/2017	12/28/2018	aspirin 81 mg tablet, delayed release	1 po qd
04/05/2018	10/05/2018	Prozac 10 mg capsule	1 at hs with the 20mg
04/05/2018	10/06/2018	Prozac 20 mg capsule	Take 1 by mouth at bedtime- new dose
05/01/2018	06/02/2018	morphine 10 mg/5 mL oral solution	5 ml tid restricted STOP MS contin when receive this medication 500 mL (extra mLs to account for any spillage) **Choices patient***
05/07/2018	08/05/2018	LiquiTears 1.4 % eye drops	1 gtt each eye BID
05/10/2018	11/10/2018	Lamictal 100 mg tablet	take one by mouth at bedtime with the 50mg
05/10/2018	11/10/2018	Lamictal 25 mg tablet	2 qhs with the 100mg
Site Medical Provider: Donna M. Rohrs PA			05/16/2018

(For UM use only)

Criteria Source: M & R Interqual Other
Criteria met: Yes X No Deferred

Reviewer comments: Colaris Testing for Lynch Syndrome at Garcia lab

Recommendation for visit appointment:

Visits:

UM Review #:

Reviewer Name: Papendick, Keith, MD

Date Reviewed: 05/18/2018

Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.

NAME: Pope, Aisha K
NUMBER: 228305
D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 05/21/2018 9:55 AM
 VISIT TYPE: Chart Update

Chief Complaint/Reason for visit:

This 46 year old female presents with chart review.

History of Present Illness**1. Chart Review**

Additional comments:

CRV.

Patient had Oncologist visit on 4/24/2018: Known Dx of adenocarcinoma of Colon, S/p colonectomy.

Recommend: f/u w/Dr. Trimble in 3-months

Set up colonoscopy for July, 2018.

CT Abd/Pelvis w/contrast

CMP/CEA/CBC on 7/2/2018

Rx PPI daily

Rx Miralax 17gm po qd

Genetic testing with "Colaris Testing for Lynch Syndrome (blood draw to be done at facility)", 407 request is finally approved.

Will review at next visit.

Chronic Problems

Neoplasm, Malignant, colon

Hyperlipidemia NEC/NOS

Anemia

Medications Active Prior to Today's Visit

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Lamictal	25 Mg	60	2 qhs with the 100mg
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Liquitears	1.4 %	1	1 gtt each eye BID
Morphine Sulfate	10 Mg/5 Ml	500ml	5 ml tid restricted STOP MS contin when
receive this medication 500 mL (extra mLs to account for any spillage) **Choices patient***			
Prozac	20 Mg	30	Take 1 by mouth at bedtime- new dose
Prozac	10 Mg	30	1 at hs with the 20mg
Aspirin Ec	81 Mg	30	1 po qd
Tums	200 Mg Calcium (500 Mg)	150	Take one PO three times a day as
needed			

Allergies

<u>Allergen/Ingredient</u>	<u>Brand</u>	<u>Reaction:</u>
Propoxyphene	Darvocet	
Penicillins		Itch
Acetaminophen	Davocet	
Metronidazole		

Pope, Aisha
228305
[REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 05/22/2018 6:12 PM
 VISIT TYPE: Provider Visit-scheduled

Chief Complaint/Reason for visit:

This 46 year old female presents with hx of colon ca and additional complaints.

History of Present Illness

1. hx of colon CA

Additional comments:

Pt saw the Oncologist who recommended CT of the abdomen and pelvis, follow up 3 months, colonoscopy July 2018, and labs in July. 407's and lab orders done yesterday by onsite Physician. ACO approval for Miralax (recommended by Oncology) was also submitted yesterday and approved. P says today she is having ongoing pain in her abdomen. She says the MS IR tid works for about an "hour." Rates pain 8/10, first says worse in morning and then says about 10:30 or 11am. Constipation. No nausea or vomiting. She wants to go back on the MS contin. See 3/27/18 note. Pt was found to be cheeking MS Contin so she was changed to liquid MS IR. There have also been reports that she has had cotton balls in her mouth when taking the MS IR. Pt asks for Tylenol today for breakthrough pain (she has been taken although on allergy list, pt not allergic). Pt is taking FeSo4 for anemia. She is purchasing OTC centrum silver. She asks if a similar product could be prescribed since she is CHOICES pt.

2. Additional complaints

Additional comments:

1) pt says she has times where she feels intermittent pain on the L side of her chest into her arm pit and sometimes her L arm "goes numb." No recent injury.

2) rash on buttocks that is itchy. No help with hydrocortisone.

Chronic Problems

Neoplasm, Malignant, colon
 Hyperlipidemia NEC/NOS
 Anemia

Medications Active Prior to Today's Visit

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Protonix	40 Mg	30	Take 1 by mouth once daily
Lamictal	25 Mg	60	2 qhs with the 100mg
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Liquitears	1.4 %	1	1 gtt each eye BID
Morphine Sulfate	10 Mg/5 MI	500ml	5 ml tid restricted STOP MS contin when receive this medication 500 mL (extra mLs to account for any spillage) **Choices patient***
Prozac	20 Mg	30	Take 1 by mouth at bedtime- new dose
Prozac	10 Mg	30	1 at hs with the 20mg
Aspirin Ec	81 Mg	30	1 po qd
Tums needed	200 Mg Calcium (500 Mg)	150	Take one PO three times a day as

Allergies

Allergen/Ingredient

Brand

Reaction:

Pope, Aisha
 228305
 [REDACTED]

Propoxyphene
 Penicillins
 Metronidazole

Darvocet

Itch

Vital Signs

Date	Time	Height	Weight	Temp	Bp	Pulse	Resp.	Pulse Ox Rest	Pulse Ox Amb
05/22/2018	1:23 PM		183.0	97.5	128/83	78	20	99	

FiO2 PeakFlow Pain Score Comments

Measured By
 Michael B. Jordan

Physical Exam

Constitutional:

Level of distress is mild distress. Well nourished. Well developed.

Head / Face:

Facial features are symmetric.

Eyes:

Right

General eye condition is normal.

Lid/lash: normal.

No injection.

No icterus.

Left

General eye condition is normal.

Lid/lash: normal.

No injection.

No icterus.

Nose / Mouth / Throat:

Comments: no observed FB in mouth.

Respiratory:

Chest can be described as symmetric. Lungs clear to auscultation. There is no cough. Respiratory effort is normal.

Cardiovascular:

Extra Sounds: None.

Murmurs: None.

Rate and Rhythm: Heart rate is regular rate. Rhythm is regular.

See also extremities. No edema is present.

Comments: no reproducible pain to palpation on L anterior chest..

Abdomen:

Bowel sounds present, no bruits.

Inspection has detected scar healed.

Anterior palpation reveals pain palpation LUQ.

There is no guarding. There is no rebound.

No hepatic enlargement.

No spleen enlargement.

Integumentary:

Comments: RCA Jordan present, pt consent, scattered papules buttocks, some with excoriations, no bleedin, no vesicles

Back / Spine:

Comments: no pain palpation C or T spine

Musculoskeletal:

Comments: UE strength 5/5 b/l, UE sensation intact, radial pulse 2+ and =.

Extremities:

No edema is present.

Assessment/ Plan

Neoplasm, Malignant, colon (153)

Screen for condition NOS (V82.9)

Pope, Aisha

228305

- questionable compression C or T spine**Rash, oth nonspecific skin eruption (782.1)**

- Plan comments: 1) informed pt that 407 for Colaris testing has been approved. Has been approved for Garcia but think that Myriad is the only lab that does this genetic tes, left message with Garcia to confirm and then will call Corizon to inform. Informed pt other 407s completed yesterday
- 2) miralax per ACMO approval, multivitamin ordered, refilled irr (taking bid, not qid)
 - 3) check C spine and Tspine xray to r/o compression
 - 4) Tylenol for break through pain, gave pt #9 packets until script comes in, resolved tylenol allergy
 - 5) triamcinolone for rash, SE reviewed
 - 6) reviewed 4/11/18 thyroid panel again with pt (wnl)
 - 7) emailed choices about narcotics, will notify pt of results
 - 8) follow up after next lab draw (scheduled for 6/6/18 and to check if 407's approved, review xrays, check pain

Medications ordered this visit

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication Name</u>	<u>Sig Desc</u>
05/22/2018	05/21/2019	Multivitamin 50 Plus tablet	1 po qd Choices patient
05/22/2018	05/21/2019	Miralax 17 gram oral powder packet	17gm mixed w/8 oz water daily Choice's patient
ACMO approved for 1 year on 5/22/18			
05/22/2018	05/21/2019	Tylenol 325 mg tablet	2 po tid prn pain (pt states not allergic)
05/22/2018	05/21/2019	ferrous sulfate 325 mg (65 mg iron) tablet, delayed release	1 po bid
05/22/2018	07/22/2018	triamcinolone acetone 0.1 % topical cream	apply sparingly to affected area of skin
bid x 2 weeks then prn #1 80 gram tube			

Medications stopped this visit

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication</u>	<u>Dose</u>	<u>Sig Desc</u>
05/21/2018	05/22/2018	Miralax	17 Gram	17gm mixed w/8 oz water daily. (Choice's patient).

Office Services

<u>Status</u>	<u>ApptDate</u>	<u>Timeframe</u>	<u>Order</u>	<u>Reason</u>	<u>!</u>
nterpretation	Value				
ordered	06/08/2018		Chart Review/Update : review Xrays, see 5/22/18 note		
ordered	06/12/2018		MP F/U Routine : recheck hx of colon CA, review labs, colaris, xrays, see if 407's approved. see 5/22/18 note		

Instructions / Education

<u>Status</u>	<u>Completed</u>	<u>Order</u>	<u>Reason</u>
completed	05/22/2018	Patient education provided and patient voiced understanding	

To be scheduled/ordered

<u>Status</u>	<u>Order</u>	<u>Reason</u>	<u>Assessment</u>	<u>Timeframe</u>	<u>Appointment</u>
ordered	X-ray exam of thoracic spine		V82.9		06/05/2018
ordered	X-ray exam of neck spine, 4+ views		V82.9		06/05/2018

Document generated by: Donna M. Rohrs, PA 05/22/2018 7:17 PM

Pope, Aisha
228305

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Kaelynn R. Pfeil (05/21/2018 9:55 AM) 05/25/2018 11:51 AM****Patient: Aisha Pope****ID#: 228305****DOB:** [REDACTED]

Off-site

Routine

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):

MDOC

Reference #:

Date of Request: 05/21/2018

For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.

Procedure/Test Requested: Follow up visit**Specialty Service Requested:** Oncology@Allegiance Hospital**Provider:** Dr. Trimble**Initial Visit or F/U?** F/U**Presumed Diagnosis:**

Neoplasm, Malignant, colon

153

Postsurgical states NEC

v45.89

Signs & Symptoms:**Date of Onset:**

46 y/o AAF is S/p left colectomy on 11/22/17 for colon CA. This was staged at T3N0. Pt had a follow up with Oncology 4/24/18. Recommend f/u in 3-months after CT Abd/Pelvis and lab are done.

Enrolled in Chronic Care Clinic(s)?

<u>Clinic</u>	<u>Chronic Condition</u>
Good	Hyperlipidemia

<u>Code</u>	<u>Last Visit</u>
WHV	09/26/2016

Current Active Medications:

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication Name</u>	<u>Sig Desc</u>
06/21/2017	06/21/2018	Tums 200 mg calcium (500 mg) chewable tablet	Take one PO three times a day as needed
12/29/2017	12/28/2018	aspirin 81 mg tablet, delayed release	1 po qd
04/05/2018	10/05/2018	Prozac 10 mg capsule	1 at hs with the 20mg
04/05/2018	10/06/2018	Prozac 20 mg capsule	Take 1 by mouth at bedtime- new dose
05/01/2018	06/02/2018	morphine 10 mg/5 mL oral solution	5 ml tid restricted STOP MS contin when receive this medication 500 mL (extra mLs to account for any spillage) **Choices patient***
05/07/2018	08/05/2018	LiquiTeas 1.4 % eye drops	1 gtt each eye BID
05/10/2018	11/10/2018	Lamictal 100 mg tablet	take one by mouth at bedtime with the 50mg
05/10/2018	11/10/2018	Lamictal 25 mg tablet	2 qhs with the 100mg
05/21/2018	12/28/2018	Protonix 40 mg tablet, delayed release	Take 1 by mouth once daily

NAME: Pope, Aisha K
NUMBER: 228305
D.O.B.: [REDACTED]

**MICHIGAN DEPARTMENT OF CORRECTIONS
CONSULTATION**

SITE: WHV

COMPLETED BY: Kaelynn R. Pfeil (05/21/2018 9:55 AM) 05/25/2018 11:51 AM

05/22/2018 07/22/2018 triamcinolone acetonide 0.1 % topical cream apply sparingly to affected area of skin
bid x 2 weeks then prn #1 80 gram tube

05/22/2018 05/21/2019 ferrous sulfate 325 mg (65 mg iron) tablet, delayed release 1 po bid

05/22/2018 05/21/2019 Miralax 17 gram oral powder packet 17gm mixed w/8 oz water daily Choice's patient
ACMO approved for 1 year on 5/22/18

05/22/2018 05/21/2019 Tylenol 325 mg tablet 2 po tid prn pain (pt states not allergic)

05/23/2018 05/22/2019 Multivitamin 50 Plus tablet 1 po qd Choices patient exp 5/22/19

Site Medical Provider: Claire Pei MD 05/21/2018

(For UM use only)

Criteria Source: M & R Interqual Other
Criteria met: Yes No X Deferred

Reviewer comments: ATP: Medical necessity not demonstrated at this time. Surveillance is to be completed on site by MSP

Recommendation for visit appointment:

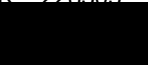
Visits:

UM Review #:

Reviewer Name: Papendick, Keith, MD

Date Reviewed: 05/25/2018

Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.

NAME: Pope, Aisha K
NUMBER: 228305
D.O.B.: 

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Connie McCool (05/21/2018 5:12 PM) 05/29/2018 9:22 AM****Patient: Aisha Pope****ID#: 228305****DOB:** [REDACTED]

Off-site

Reference #: 00716201

Routine

Date of Request: 05/21/2018

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):
MDOC

For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.

Procedure/Test Requested: Request " Colonoscopy" in July, 2018**Specialty Service Requested:** Gastroenterology**Provider:** SJMH**Initial Visit or F/U?** F/U**Presumed Diagnosis:**Neoplasm, Malignant, colon
Postsurgical states NEC153
v45.89**Signs & Symptoms:****Date of Onset:**

46 y/o AAF is S/p left colectomy on 11/22/17 for colon CA. This was staged at T3N0. Pt had a follow up with Oncology 4/24/18. Recommend above procedure.

Enrolled in Chronic Care Clinic(s)?

<u>Clinic</u>	<u>Chronic Condition</u>
Good	Hyperlipidemia

<u>Code</u>	<u>Last Visit</u>
WHV	09/26/2016

Current Active Medications:

<u>Start Date</u>	<u>Stop Date</u>	<u>Medication Name</u>	<u>Sig Desc</u>
06/21/2017	06/21/2018	Tums 200 mg calcium (500 mg) chewable tablet	Take one PO three times a day as needed
12/29/2017	12/28/2018	aspirin 81 mg tablet, delayed release	1 po qd
04/05/2018	10/05/2018	Prozac 10 mg capsule	1 at hs with the 20mg
04/05/2018	10/06/2018	Prozac 20 mg capsule	Take 1 by mouth at bedtime- new dose
05/01/2018	06/02/2018	morphine 10 mg/5 mL oral solution	5 ml tid restricted STOP MS contin when receive this medication 500 mL (extra mLs to account for any spillage) **Choices patient***
05/07/2018	08/05/2018	LiquiTears 1.4 % eye drops	1 gtt each eye BID
05/10/2018	11/10/2018	Lamictal 100 mg tablet	take one by mouth at bedtime with the 50mg
05/10/2018	11/10/2018	Lamictal 25 mg tablet	2 qhs with the 100mg

NAME: Pope, Aisha K
NUMBER: 228305
D.O.B.: [REDACTED]

**MICHIGAN DEPARTMENT OF CORRECTIONS
CONSULTATION**

SITE: WHV

COMPLETED BY: Connie McCool (05/21/2018 5:12 PM) 05/29/2018 9:22 AM

05/21/2018 12/28/2018 Protonix 40 mg tablet, delayed release Take 1 by mouth once daily

05/22/2018 07/22/2018 triamcinolone acetonide 0.1 % topical cream apply sparingly to affected area of skin
bid x 2 weeks then prn #1 80 gram tube

05/22/2018 05/21/2019 ferrous sulfate 325 mg (65 mg iron) tablet, delayed release 1 po bid

05/22/2018 05/21/2019 Miralax 17 gram oral powder packet 17gm mixed w/8 oz water daily Choice's patient
ACMO approved for 1 year on 5/22/18

05/22/2018 05/21/2019 Tylenol 325 mg tablet 2 po tid prn pain (pt states not allergic)

05/23/2018 05/22/2019 Multivitamin 50 Plus tablet 1 po qd Choices patient exp 5/22/19

Site Medical Provider: Claire Pei MD

05/21/2018

(For UM use only)

Criteria Source: M & R Interqual Other

Criteria met: Yes X No Deferred

Reviewer comments:

Colonoscopy

Recommendation for visit appointment:

Visits:

UM Review #:

Reviewer Name: Papendick, Keith, MD

Date Reviewed: 05/29/2018

Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.

NAME: Pope, Aisha K
NUMBER: 228305
D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS CONSULTATION

SITE: WHV**COMPLETED BY: Connie McCool (05/21/2018 5:16 PM) 05/29/2018 9:19 AM****Patient: Aisha Pope****ID#: 228305****DOB:** [REDACTED]

Off-site

Routine

3rd Party Insurance: (VA, Workmen's Comp, Federal, Interstate Compact, etc.):

MDOC

Reference #: 00716205

Date of Request: 05/21/2018

For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior review/discussion with Medical Director is required for additional treatment, procedures and hospitalizations.

Procedure/Test Requested: Request " CT Abd and Pelvis w/contrast"**Specialty Service Requested:** Radiology-Diagnostic**Provider:** Allegiance Hosp**Initial Visit or F/U?** F/U**Presumed Diagnosis:**

Neoplasm, Malignant, colon

Postsurgical states NEC

153

v45.89

Signs & Symptoms:

46 y/o AAF is S/p left colectomy on 11/22/17 for colon CA. This was staged at T3N0. Pt had a follow up with Oncology 4/24/18. Recommend above imaging study prior to the next Oncology visit (in 3-month).

Date of Onset:**Enrolled in Chronic Care Clinic(s)?**Clinic

Good

Chronic Condition

Hyperlipidemia

Code

WHV

Last Visit

09/26/2016

Current Active Medications:Start DateStop DateMedication NameSig Desc

06/21/2017 06/21/2018 Tums 200 mg calcium (500 mg) chewable tablet Take one PO three times a day as needed

12/29/2017 12/28/2018 aspirin 81 mg tablet, delayed release 1 po qd

04/05/2018 10/05/2018 Prozac 10 mg capsule 1 at hs with the 20mg

04/05/2018 10/06/2018 Prozac 20 mg capsule Take 1 by mouth at bedtime- new dose

05/01/2018 06/02/2018 morphine 10 mg/5 mL oral solution 5 ml tid restricted STOP MS contin when receive this medication 500 mL (extra mLs to account for any spillage) **Choices patient***

05/07/2018 08/05/2018 LiquiTea 1.4 % eye drops 1 gtt each eye BID

05/10/2018 11/10/2018 Lamictal 100 mg tablet take one by mouth at bedtime with the 50mg

05/10/2018 11/10/2018 Lamictal 25 mg tablet 2 qhs with the 100mg

05/21/2018 12/28/2018 Protonix 40 mg tablet, delayed release Take 1 by mouth once daily

NAME: Pope, Aisha K

NUMBER: 228305

D.O.B.: [REDACTED]

**MICHIGAN DEPARTMENT OF CORRECTIONS
CONSULTATION**

SITE: WHV

COMPLETED BY: Connie McCool (05/21/2018 5:16 PM) 05/29/2018 9:19 AM

05/22/2018 07/22/2018 triamcinolone acetonide 0.1 % topical cream apply sparingly to affected area of skin
bid x 2 weeks then prn #1 80 gram tube

05/22/2018 05/21/2019 ferrous sulfate 325 mg (65 mg iron) tablet, delayed release 1 po bid

05/22/2018 05/21/2019 Miralax 17 gram oral powder packet 17gm mixed w/8 oz water daily Choice's patient
ACMO approved for 1 year on 5/22/18

05/22/2018 05/21/2019 Tylenol 325 mg tablet 2 po tid prn pain (pt states not allergic)

05/23/2018 05/22/2019 Multivitamin 50 Plus tablet 1 po qd Choices patient exp 5/22/19

Site Medical Provider: Claire Pei MD

05/21/2018

(For UM use only)

Criteria Source: M & R Interqual Other
Criteria met: Yes X No Deferred

Reviewer comments:

CT Abdomen and pelvis with contrast. Follow up for surveillance is to be completed onsite utilizing NCCN guidelines.

Recommendation for visit appointment:

Visits:

UM Review #:

Reviewer Name: Papendick, Keith, MD

Date Reviewed: 05/29/2018

Note: Notify physician or midlevel practitioner immediately if unable to obtain appointment within 4 weeks. If service is not completed within 4 weeks, have patient re-evaluated by physician or midlevel practitioner to determine if service is still necessary and appropriate.

NAME: Pope, Aisha K
NUMBER: 228305
D.O.B.: [REDACTED]

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: Aisha Pope
 DATE OF BIRTH: [REDACTED]
 DATE: 06/13/2018 6:12 PM
 VISIT TYPE: Chart Update

Chief Complaint/Reason for visit:

This 46 year old female presents with chart review.

History of Present Illness

1. Chart Review

Additional comments:

On for CRV of Colaris test result. Test positive for Lynch syndrome (results in paper chart). Will require additional surveillance for other Cancers. Discussed with onsite Physician. Agrees to transfer of care from this PA to Physician due to complexity. Appt. has previously been scheduled for 6/26/18. Consider genetics 407 to discuss lynch and family risk (added to appt.). Emailed Off site Coordinator to send Colaris test result to Oncology.

Chronic Problems

Neoplasm, Malignant, colon
 Hyperlipidemia NEC/NOS
 Anemia

Medications Active Prior to Today's Visit

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Proventil Hfa	90 Mcg	1	2 pufs q 4 to 6 hrs prn for cough or shortness of breath #1 per 3 months
Eucerin		1	apply bid to affected area of skin Choices pt stop date 8/6/18
Beano	150 Unit	60	take 3 tablets during meals with vegetables and beans Choices patient
Morphine Sulfate	10 Mg/5 MI	500ml	5 ml tid restricted. 500 mL (extra mLs to account for any spillage) **Choices patient*** Expiration 6/30/18.
Multivitamin 50 Plus		30	1 po qd Choices patient exp 5/22/19
Tylenol	325 Mg	90	2 po tid prn pain (pt states not allergic)
Miralax	17 Gram	30	17gm mixed w/8 oz water daily Choice's patient ACMO approved for 1 year on 5/22/18
Ferrous Sulfate	325 Mg (65 Mg Iron)		60 1 po bid
Triamcinolone Acetonide	0.1 %	1	apply sparingly to affected area of skin bid x 2 weeks then prn #1 80 gram tube
Protonix	40 Mg	30	Take 1 by mouth once daily
Lamictal	25 Mg	60	2 qhs with the 100mg
Lamictal	100 Mg	30	take one by mouth at bedtime with the 50mg
Liquitears	1.4 %	1	1 gtt each eye BID
Prozac	20 Mg	30	Take 1 by mouth at bedtime- new dose
Prozac	10 Mg	30	1 at hs with the 20mg
Aspirin Ec	81 Mg	30	1 po qd
Tums	200 Mg Calcium (500 Mg)		150 Take one PO three times a day as needed

Allergies

Pope, Aisha
 228305
 [REDACTED]

<u>Description</u>	<u>Observed Value</u>	<u>Abnorm Flag</u>	<u>Reference Range</u>
BASOPHILS	0.6 %	N	0-2
RED BLOOD CELLS	3.63 M/CU MM	LL	3.89-4.97
HEMOGLOBIN	11.1 G/DL	LL	12.0-16.0
HEMATOCRIT	33.3 %	LL	36-46
MCV	91.7 FL	N	80-100
MCH	30.6 PG	N	27-33
MCHC	33.3 G/DL	N	31-37
RDW	13.6 %	N	11.0-14.5
MPV	10.3 FL	N	7.4-12.0
DIAGNOSTIC PROFILE II (Collection date/time: 3/19/2019 11:52:00AM)			
SODIUM	142 MEQ/L	N	136-145
POTASSIUM	4.3 MEQ/L	N	3.5-5.1
CHLORIDE	104 MEQ/L	N	98-107
CARBON DIOXIDE	28 MEQ/L	N	22-33
GLUCOSE	87 MG/DL	N	70-105
REFERENCE RANGES			
FASTING DRAW: 70-105 mg/dl			
RANDOM DRAW: DEPENDENT UPON TIME AND CONTENT OF LAST MEAL			
BUN	9 MG/DL	N	7-18
CREATININE, SERUM	0.74 MG/DL	N	0.6-1.2

Description	Observed Value	Abnorm Flag	Reference Range
-------------	----------------	-------------	-----------------

SURGICAL PATHOLOGY REPORT

PATIENT NAME: POPE, AISHA

ACCESSION #: GS18-129

MED. REC. #: 889088828

COLLECTED: 1/23/2018

DOB/AGE/GENDER: [REDACTED] (AGE: 45) / F

RECEIVED: 1/25/2018

ENCOUNTER #: 40003230587

CLIENT: MCLAREN REGIONAL MEDICAL CENTER

REPORTED: 1/26/2018 12:53

LOCATION: MRMGAR

SUBMITTING PHYSICIAN: GARCIA, LABORATORY

SPECIMEN(S) RECEIVED

A: EMB

CLINICAL INFORMATION

NOT STATED

REQ#:RMGAR75889

FINAL DIAGNOSIS

ENDOMETRIAL TISSUE IN A BACKGROUND OF MUCOPURULENT DEBRIS (BIOPSY):

PROLIFERATIVE PHASE ENDOMETRIUM WITH FOCAL BENIGN CILIATED CELL

METAPLASIA, STROMAL BREAKDOWN,

COLLAPSE AND FIBRIN DEPOSITION.

4

88305

ELECTRONICALLY SIGNED

CLB/1/26/2018 DAVID A. WIESE, PH.D., M.D.

GROSS DESCRIPTION

RECEIVED IN FORMALIN AND IS INDICATED BY THE PAPERWORK TO BE "EMB" IS

A

1 CM AGGREGATE OF TAN TISSUE FRAGMENTS. ALL SUBMITTED IN (A1).

(PP)

CLB/WL/1/25/2018

MICROSCOPIC DESCRIPTION

UNLESS "GROSS ONLY" IS SPECIFIED, THE FINAL DIAGNOSIS FOR EACH

SPECIMEN

IS BASED ON A MICROSCOPIC EXAMINATION OF REPRESENTATIVE SECTIONS OF

THE

TISSUE.

BILLING FEE CODE(S):

A; 88305

Unless otherwise stated, Performed at McLaren Medical Laboratory

4000 S. Saginaw St., Flint, MI, 48507

Tel: 810-396-5715 Fax: 810-424-2504

C.L.I.A. No. 23D2027105

Laboratory Director, Dennis W. Spender, M.D.

CBC (Collection date/time: 10/4/2017 1:29:00PM)

PLATELET COUNT	478 TH/CUMM	H	140-400
WHITE BLOOD COUNT	5.41 TH/CU MM	N	4.0-10.0
ABSOLUTE NEUTROPHIL CT	3.35 x10 ³ /uL	N	1.56-8.10
NEUTROPHILS	62.0 %	N	39-81

<u>Description</u>	<u>Observed Value</u>	<u>Abnorm Flag</u>	<u>Reference Range</u>
LYMPHOCYTE	27.5 %	N	14-51
MONOCYTES	6.3 %	N	0-13.3
EOSINOPHIL	3.3 %	N	0-8
BASOPHILS	0.7 %	N	0-2
RED BLOOD CELLS	3.23 M/CU MM	LL	3.89-4.97
HEMOGLOBIN	9.6 G/DL	LL	12.0-16.0
HEMATOCRIT	29.3 %	LL	36-46
MCV	90.7 FL	N	80-100
MCH	29.7 PG	N	27-33
MCHC	32.8 G/DL	N	31-37
RDW	14.3 %	N	11.0-14.5
MPV	9.2 FL	N	7.4-12.0

VAGINAL CULTURE (Collection date/time: 6/26/2019 3:36:00PM)

VAGINAL CULTURE SEE RESULT COMMENTS BELOW

VAGINAL CULTURE REPORT

SOURCE: GENITAL

SITE: VAGINAL

CULTURE RESULTS:

ORGANISM ISOLATED #1

1+ YEAST

IN ADDITION

1+ NORMAL GENITAL TRACT FLORA

CBC (Collection date/time: 6/21/2017 10:43:00AM)

PLATELET COUNT 379 TH/CUMM N 140-400

WHITE BLOOD COUNT 5.12 TH/CU MM N 4.0-10.0

<u>Description</u>	<u>Observed Value</u>	<u>Abnorm Flag</u>	<u>Reference Range</u>
EOSINOPHIL	2.3 %	N	0-8
BASOPHILS	0.5 %	N	0-2
RED BLOOD CELLS	3.21 M/CU MM	LL	3.89-4.97
HEMOGLOBIN	9.1 G/DL	LL	12.0-16.0
HEMATOCRIT	29.1 %	LL	36-46
MCV	90.7 FL	N	80-100
MCH	28.3 PG	N	27-33
MCHC	31.3 G/DL	N	31-37
RDW	14.1 %	N	11.0-14.5
MPV	9.7 FL	N	7.4-12.0
AMYLASE (Collection date/time: 7/31/2019 1:25:00PM)			
AMYLASE	31 U/L	N	0-200
CEA (Collection date/time: 3/7/2018 12:57:00PM)			
CEA	3.39 NG/ML	H	0.0-3.0

Electronically Signed By: Ullah, Nadeem MD 07/07/2017 11:51:47 AM

Allegiance

HEALTH
Department of Pathology
and Laboratory Medicine
205 N. East Ave
Jackson, MI 49201
Phone: 517-788-4951
Fax: 517-780-7295
www.allegiancehealth.com

POPE, AISHA
Sex: U
D.O.B. / Age: [REDACTED] (Age: 45)
M.R.N.: 319387
Acct. #: 12945944
Location: GI

ULLAH, NADEEM MD
POPUS BOX NO.: 86A
720 W. Franklin
Suite 2
Jackson, MI 49201

Collected: 7/5/2017
Received: 7/5/2017
Reported: 7/6/2017 11:26

Accession #: S17-9109

Pathology Report

TISSUE SUBMITTED:
SPLENIC FLEXURE POLYP

DIAGNOSIS:

Colon, splenic flexure, biopsy:

- Invasive, moderately differentiated adenocarcinoma.
- Special stains for microsatellite instability are pending, to be reported in an addendum.

Diane A. Hall, MD, PhD
Electronic Signature

MICROSCOPIC DESCRIPTION:
Slides examined.

PROCEDURES/ADDENDA:
Addendum

Date Ordered: 7/7/2017 Status: Signed Out

Date Complete: 7/7/2017
Date Reported: 7/7/2017

ADDENDUM COMMENT

ADDENDUM DIAGNOSIS

Immunohistochemistry – Microsatellite Instability Panel

INTERPRETATION: Negative/absent MSH6, consistent with microsatellite instability.

MSH2 - Expressed
MLH1 - Expressed
PMS2 - Expressed
MSH6 - Negative/Absent

SCORING CRITERIA:

EXPRESSED – Presence of nuclear staining in over 20% of tumor cells – (a normal result).
DECREASED – Less than 20% of tumor cells show nuclear staining.



HFAH ALLEGIANCE HOSPITAL
HFAH 7-EAST SECURE UNIT
205 N East Ave
Jackson MI 49201
Dept: 517-205-4711

Pope, Aisha
MRN: 15087172
DOB: [REDACTED] Sex: female
Enc. Date: 11/21/17

Discharge Summaries by Mark J Bieszka II, DO at 11/25/17 1003

Author: Mark J Bieszka II, DO Service: General Surgery
Filed: 11/25/17 1007 Status: Attested

Author Type: Resident
Editor: Mark J Bieszka II, DO
(Resident)

Cosigner: Christopher C
Pfeifer, DO at 11/25/17 1026

Discharge Summary

Discharge information

Admitted date: November 21, 2017
Discharge date: November 25, 2017

Discharged from: HFAH 7-East Secure Unit

Admitting Physician: Lawrence Narkiewicz Jr., MD

Attending Physician: Current Providers

Attending Provider: Lawrence Narkiewicz Jr., MD, (517-205-3120)

Discharge Clinician: MARK J BIESZKA II, DO

Discharge Diagnoses:

Active Hospital Problems

Diagnosis	Date Noted	POA
• Adenocarcinoma of colon (CMS-hcc)	11/21/2017	Yes

Resolved Hospital Problems

Diagnosis	Date Noted	Date Resolved	POA
• Hypomagnesemia	11/23/2017	11/24/2017	Clinically Undetermined
• Hypophosphatemia	11/23/2017	11/24/2017	Clinically Undetermined

Problem List - A&P Notes:

Adenocarcinoma of colon (CMS-hcc)

Assessment & Plan - Edited by EMILY PREVO, DO at 11/25/2017 7:29 AM

POD #3 s/p robot-assisted laparoscopic converted to open left colectomy

- Diet: tolerating regular diet without nausea, vomiting
- Pain: Continue patient's home Morphine SR and PO norco PRN
- Bowel fxn: +flatus, +BM non-bloody.
- Continue ambulation and IS use
- Pathology pending
- VTE proph: lovenox. Will discuss with CM about 28 days of lovenox
- Plan to discharge later today or tomorrow

Hospital Course: The patient presented on an elective basis for a colectomy due to colon cancer. She was subsequently admitted to the surgical service postoperatively. She has done quite well since surgery. Her pain was initially significant however that has resolved and is controlled on oral pain medications. She has had return of bowel function as well as tolerating regular diet and her pain is controlled. This point she is stable for discharge. She can return to her jail cell however she will still continue to need to get Lovenox subcutaneous injections for the next 28 days for DVT prophylaxis due to the colon cancer.

Discharge Condition:

Orders Placed This Encounter

Procedures

- Discharge patient

Back to jail cell. Will need daily Lovenox injection at Dwayne Waters for DVT prophylaxis for the next 28 days

Standing Status:

Standing

Number of Occurrences:

1

Order Specific Question:

Patient Condition

Answer:

Good

Disposition: Home or Self Care

Operations/Procedures: Procedure(s) (LRB):

Robot assisted left hemicolectomy (Left)

Recent Immunizations:

There is no immunization history on file for this patient.

Unresulted labs:

Pending Labs

Start		Ordered
11/24/17	ADD ON Once	11/24/17
1002	Question: Test requested - one per line: Answer: magnesium bld	1001

Patient Instructions

Your Medication List

START taking these medications



HFAH ALLEGIANCE HOSPITAL
HFAH 7-EAST SECURE UNIT
205 N East Ave
Jackson MI 49201
Dept: 517-205-4711

Pope, Aisha
MRN: 15087172
DOB: [REDACTED] Sex: female
Enc. Date: 11/21/17

Op Note by Lawrence Narkiewicz Jr., MD at 11/22/17 1126

Author: Lawrence Narkiewicz Jr., MD Service: General Surgery

Author Type Physician

Filed 11/22/17 1134

Status Signed

Editor Lawrence Narkiewicz Jr., MD
(Physician)

Operative Note

Pre-Operative Diagnosis: 4 cm colon cancer splenic flexure
Post-Operative Diagnosis: 4 cm colon cancer mid descending

Procedure: Robot-Assisted Laparoscopic left colectomy.

Surgeon: Lawrence Narkiewicz MD FACS
Assistant: Sasha Spencley DO

Anesthesia: General Endotracheal Anesthesia, Local Anesthesia (1% Lidocaine with epinephrine, 0.25% Marcaine)

EBL: 50 cc
IVF: 1800 cc

Operative Date: 11/22/17

Indications: 45 yo female with bloody bowel movements and anemia underwent colonoscopy showing 4 cm polyp at 65 cm near splenic flexure biopsied as colon carcinoma. CEA 1.6 and CT chest/abdomen/pelvis negative for metastatic disease. Plan robot assisted colectomy.

Procedure: After informed consent was obtained, the patient was brought to the operating room and placed supine on the operating room table. Bilateral lower extremity sequential compression devices were placed and functioning prior to induction of anesthesia, which was then administered and included an endotracheal tube. A urinary catheter was then placed under sterile conditions, and the patient was placed in lithotomy position. The abdominal wall was prepped and draped in the standard fashion.

Local anesthesia was delivered to the RUQ midclavicular line and a 1 cm incision created with a #15 blade. Veress needle was used to enter the abdomen and insufflated to 15 mmHg. 5 mm optical trocar was used to enter the abdomen under direct vision. Additional 8 mm ports were placed X3 along the right lateral abdomen and inferior in the midline all under direct vision. A The robot was subsequently docked.

The patient was placed in a right side down position, and the proximal left colon and distal transverse colon mobilized with hook cautery to expose the tattoo at the mid descending colon. Mesentery was

controlled with the vessel sealer. The flexure was then mobilized. Transection points were chosen proximal and distal to the tattoo and the robotic stapler utilized to transect. Mesentery controlled with the vessel sealer. Midline incision was created 10 cm and a wound protector placed. Proximal and distal resections performed with GIA 75 mm stapler and the specimen passed off the field. Further mobilization of some adhesions to the sigmoid colon allowed adequate exposure for a side to side functional end to end anastomosis created with GIA 75 mm stapler. Common enterotomy closed with a TA 90 stapler. Omentum was lying directly over the anastomosis and was held in place with 3-0 silk sutures X3. Wound protector placed. The fascia closed with #1 vicryl in a figure of eight interrupted fashion. All skin incisions closed with 4-0 monocryl suture.

The patient tolerated the procedure well, was allowed to recover from anesthesia, extubated without incident and transferred to the Recovery Room in stable condition.

Attending Attestation: I performed the procedure.

LAWRENCE NARKIEWICZ JR, MD

Electronically signed by Lawrence Narkiewicz Jr, MD at 11/22/17 11:34

MR # 319367
Acct # 0000000

HENRY FORD ALLEGIANCE HEALTH
205 N. East Ave.
Jackson, MI 49201
(517) 788-4800

RE: POPE, AISHA

DOB: [REDACTED]

RM:

ADM: DISCH:

SURG/PROC:

MDOC:

Lawrence Narkiewicz, Jr, MD

CC: DUANE WATERS HOSPITAL

GENERAL SURGERY HISTORY AND PHYSICAL

HPI: Ms. Pope is a 45-year-old female who states that approximately March she started having increased migraines and abdominal pain and she shortly thereafter noticed bright red blood per rectum with bowel movements. She was taken for a colonoscopy that showed a 4 cm polyp at the splenic flexure area approximately 60 cm from the anal verge, that was large, ulcerated polypoid, measuring 35 to 40 mm in diameter and the biopsy came back showing invasive moderately differentiated adenocarcinoma, so she was referred to us for further evaluation. Upon speaking to her today, she states that she continues to have abdominal pain, mostly in the epigastric area and equates these cramping pains to childbirth contractions. She also states that after a bowel movement after this these pains, the pain does go away, but every bowel movement is quite bloody and foul-smelling. She also describes cold intolerance and easy bruising since this time. She also describes an episode in 2010 and of a "attack on her heart" that she was hospitalized for 5 days at Henry Ford Main and she is unable to give many other details about it, other than recently, just prior to her colonoscopy, she also experienced some chest pain with radiation down the left side of her left arm that she states she was told was related to stress.

PAST MEDICAL HISTORY: Vague cardiac history, denies any other issues.

PAST SURGICAL HISTORY: C-section x2, right rotator cuff.

FAMILY HISTORY: She does not know any history on her father's side. She knows some of the history on her mother's side. She states there is some diabetes in the family. She is unaware of any colon cancer.

MEDICATIONS: Please see medication reconciliation for a complete list of medications.

ALLERGIES: Denies any drug allergies.

SOCIAL HISTORY: Currently an inmate in prison. Currently no tobacco, alcohol or drugs.

POPE, AISHA

319367

MR #:

Page 2

Acct #: 00000000

REVIEW OF SYSTEMS: A complete review of systems was performed and negative except for hematochezia, abdominal pain, cold intolerance and easy bruising.

PHYSICAL EXAMINATION:

VITAL SIGNS: Temperature of 98.1, blood pressure of 130/88, pulse of 72, respirations of 18.

GENERAL: No acute distress, resting comfortably on the bed.

HEENT: Normocephalic, atraumatic. Extraocular muscles are intact bilaterally.

CARDIOVASCULAR: Regular rate and rhythm. No murmurs, rubs or gallops.

LUNGS: Clear to auscultation bilaterally. No wheezes, rubs, or rhonchi.

ABDOMEN: Positive bowel sounds. Soft, nontender, nondistended. No rebound, guarding or rigidity. She does have a Pfannenstiel incisional scar.

EXTREMITIES: +2/4 DP pulses bilaterally. No lower extremity edema.

PSYCHIATRIC: Awake, alert and oriented x3.

ASSESSMENT AND PLAN:

Malignant neoplasm of the colon.

The patient will need to have a CBC, CMP and CEA performed as well as a CT of the chest, abdomen and pelvis for staging prior to surgery. Given this vague cardiac history, she also needs cardiac risk stratification prior to surgery. Once these are performed, we will schedule her for a robotic-assisted laparoscopic left hemicolectomy, possible open, depending on what we find once we get inside. The procedure was discussed in detail with the patient with benefits and risks including but not limited to pain, bleeding, infection, damage to surrounding structures, need for further surgery. She had adequate time to ask questions. These were answered to her satisfaction. She agreed and wished proceed with the procedure. We have made all of these recommendations for the prison physician to review.

POPE, AISHA

MR #:

319367

Acct #: 0000000

Page 3

This report dictated by Dr. Amber Koon, DO, PGY-4.

After complete review of the patient's findings and independent exam myself, I saw the patient with Dr. Amber Koon, DO, PGY-4. I agree with the above evaluation, treatment, and plan. If any exceptions, they will be noted below.

Lawrence Narkiewicz, Jr, MD
sd:

mrbl/LN

D: 07/18/2017 14:01:00

T: 07/19/2017 06:19:34

Voice Job Id: 3285768

Document Id: 3853688

Ypsilanti, MI

A Member of Trinity Health
Livonia, Michigan

MRN: (aac) 64634
Date of Birth: [REDACTED]
Admit Date: 8/9/2017
Discharge Date: 8/9/2017
Account Number: 011740482-7202
Patient Type: Advanced Imaging (P2)
Attending: Gopal MD,Shanthi

CT Scan

Exam Name:	Accession Number:	Ordering Physician:	Exam Date/Time:
CT Abd and Pelvis w Contrast	CT-17-0233775	Gopal MD,Shanthi	8/9/2017 16:18 EDT
CT Chest w Contrast	CT-17-0233776	Gopal MD,Shanthi	8/9/2017 16:19 EDT

Reason For Exam:

(CT Abd and Pelvis w Contrast) ABNORMAL FINDING ON COLONOSCOPY, BLOOD IN STOOL
(CT Chest w Contrast) ABNORMAL FINDING ON COLONOSCOPY, BLOOD IN STOOL

Report

CT Chest w Contrast, CT Abd and Pelvis w Contrast

COMPLETED DATE: 8/9/2017 4:19 PM

REASON FOR EXAM: ABNORMAL FINDING ON COLONOSCOPY, BLOOD IN STOOL

ADDITIONAL HISTORY PROVIDED BY CLINICAL TEAM: None Provided

HISTORY OBTAINED BY THE TECHNOLOGIST: rectal bleeding, lower abdominal pain, anemia. Recently diagnosed with colon cancer

SMOKING HISTORY: Do you or have you ever smoked? Quit. Packs per day? 1.5 Years smoked? 4 Year quit? 2012

PROTOCOL: Routine chest, abdomen and pelvis CT performed. High density oral contrast was used. CT performed with dose optimization technique including an iterative reconstruction algorithm.

IV CONTRAST: 100ml isovue370

COMPARISON: None

FINDINGS:

LUNGS AND PLEURA: The lungs are clear. No pulmonary nodule or mass. No pneumothorax. No pleural effusion.

THORACIC AORTA: Normal caliber.

HEART AND PERICARDIUM: Normal heart size. No pericardial effusion.

LYMPH NODES: There are no enlarged lymph nodes in the chest, abdomen or pelvis.

LIVER: Normal.

BILIARY SYSTEM: No intrahepatic or extrahepatic dilation.

GALLBLADDER:

PANCREAS: Normal.

SPLEEN: Normal.

Printed Date/Time: 8/15/2017 13:08 EDT

Report Request ID: 130422438

Ypsilanti, MI

A Member of Trinity Health
Livonia, Michigan

Date of Birth: [REDACTED]
Admit Date: 8/9/2017
Discharge Date: 8/9/2017
Account Number: 011740482-7202
Patient Type: Advanced Imaging (P2)
Attending: Gopal MD, Shanthi

CT Scan

Exam Name:	Accession Number:	Ordering Physician:	Exam Date/Time:
CT Abd and Pelvis w Contrast	CT-17-0233775	Gopal MD, Shanthi	8/9/2017 16:18 EDT
CT Chest w Contrast	CT-17-0233776	Gopal MD, Shanthi	8/9/2017 16:19 EDT

Report

ADRENALS: Normal.

KIDNEYS: Normal.

BOWEL: Normal caliber. No obstructive findings.

ABDOMINAL AORTA: Normal caliber. No aneurysm.

PELVIC ORGANS: Enlarged heterogeneous uterus likely due to fibroids.

Other: No ascites. No osseous abnormality.

IMPRESSION:

1. No findings of metastatic disease in the chest, abdomen, or pelvis.
2. Enlarged heterogeneous uterus, likely due to fibroids.

Patients: Please contact your physician with questions about this report.

Physicians: If you have questions 24/7 regarding this report, please call:

734-712-7237 if your patient was seen at a St. Joseph Mercy Facility (Ann Arbor, Chelsea, Livingston) location.

734-655-2421 if your patient was seen at a St. Mary Mercy Hospital location.

Electronically reviewed and signed by: Kristyn Murry 8/10/2017 8:10 PM

Reading Location: AASJPRW2006

******* FINAL REPORT *******

Dictated By: Murry MD, Kristyn H 08/10/2017 20:05

Assigned Physician: Murry MD, Kristyn H

Reviewed and Electronically Signed By: Murry MD, Kristyn H 08/10/2017 20:13

Transcribed by: SCP 08/10/2017 20:05

Technologist: JD

Printed Date/Time: 8/15/2017 13:08 EDT

Report Request ID: 130422438



Michigan Heart
Saint Joseph Mercy Health System



Pope, Aisha [REDACTED] Visit Date: 08/31/2017 02:40 PM
Today's Provider: David Sutter MD,
Location: Michigan Heart Livonia

History of Present Illness

Dear Dr. Gopal,

I had the pleasure of seeing Aisha Pope in the Livonia office for her chest pain and preoperative cardiovascular evaluation for robotic-assisted laparoscopic left hemicolectomy. She is a pleasant 45 year-old female with a history of abnormal stress test in 2010 per patient report.

She came into Henry Ford Hospital on 7/18/17 with abdominal pain and bright red blood per rectum with bowel movements. She underwent colonoscopy which showed polyps. Biopsy showed adenocarcinoma. She continued to have abdominal pain in the epigastric area. During her hospitalization she reported episode of "attack on her heart" in 2010 and was referred to cardiology for cardiac risk factor stratification given reported cardiac history.

She tells me that in 2010 at Henry Ford Main, she underwent pharmacological MPI which was abnormal. She did not undergo cardiac catheterization and was unable to provide additional history. She declines any other cardiac history. She reports recurrent episodes of chest pain radiating down to her left arm, lasting 15-20 minutes that occurs during periods of severe abdominal pain/agitation. Pain is improved with Tylenol and laying down. She denies associated nausea. No shortness of breath, dizziness, palpitations. No presyncope or syncope. She remains active walking with no exertional symptoms. She is able to walk up 1 flight of stairs without dyspnea.

Past Medical History

- History of abnormal stress test in 2010 per patient history
- Adenocarcinoma

Social History

- Former tobacco use
- Occasional alcohol use
- No drug use since 1991 (previously used cocaine and marijuana)

Family History

- Denies family cardiac history

Testing Reviewed

- ECG today shows normal sinus rhythm with partial RBBB
- Laboratory studies 7/19/17 shows creatinine 0.79 and GFR 101, K 4.3, Na 144.
- CT of abdomen and pelvis on 8/09/17 shows no findings of metastatic disease in the chest, abdomen, or pelvis

Assessment

1. Chest pain -- unspecified etiology
2. Preoperative cardiovascular evaluation for robotic-assisted laparoscopic left hemicolectomy

The patient is having recurrent episodes of chest pain radiating down to her left arm. She reports history of abnormal MPI in 2010 and we do not have a copy of her stress test at present. We will obtain a Regadenoson MPI to assess for underlying ischemia given her recurrent chest pain. If her stress test is low risk, she is acceptable cardiac risk to proceed with her surgery as planned.

Plan

- Schedule Regadenoson MPI

#228305

- If stress test is low risk, she is acceptable cardiac risk to proceed with surgery
- No changes to her medications
- Follow up as needed

Thank you for the consultation. If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

David A. Sutter, MD

Review of Systems (Positive Findings Only)

System	Result	Findings
Card	Pos	Chest Pain, Palpitation
Derm	Pos	Blue Pigments
Resp	Pos	Dyspnea

Vital Signs

Height (Total in.)	Weight (lbs.)	Weight (oz.)	BP mm/Hg	Pulse/min	Resp/min
63.50	182.00		122/70	84	

Allergies

Medication Name	Ingredient	Reaction	Comment
Flagyl	METRONIDAZOLE		
	BEE VENOM PROTEIN (HONEY BEE)		

Final Medication List

Medication	Dose	Sig	Sample	Lot #	Exp
Laxative (bisacodyl) 5 mg tablet	5 mg	take 1 tablet by oral route every day as needed for constipation	N		
Pravachol 40 mg tablet	40 mg	take 1 tablet by oral route every day	N		
iron ER 325 mg (65 mg iron) capsule,extended release	325 mg (65 mg iron)		N		
Lamictal 100 mg tablet	100 mg	take 1 tablet by oral route every day	N		
propranolol 10 mg tablet	10 mg	take 2 tablet by oral route 3 times every day	N		
Lamictal 25 mg tablet	25 mg	take 2 tablet by oral route 2 times every day	N		
aspirin 81 mg tablet,delayed release	81 mg	take 1 tablet by oral route every day	N		
diphenhydramine 50 mg capsule	50 mg	take 1 capsule by oral route every 4 - 6 hours as needed	N		
Prozac 10 mg capsule	10 mg	take 3 capsule by oral route every day	N		
trazodone 50 mg tablet	50 mg	take 1 tablet by oral route every day after meals	N		

Procedures Ordered

Status	Description	Interpretation	Result
ordered	MPI - Regadenoson		